STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7		REGISTRAR			CEKITE	ICATE OF DEATH	REG. 1	10.			
		CEASED NAME FIRST		STANLE Y	A	INKON	20. DATE OF DEATH	7 30		26 HOUR	M
	3 SEX	MALE	4. RACE	UCASIAN	5. DATE O		6. AGE (IN YEARS LAST D	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	_
G	7a. BII	RTHPLACE (STATE OR FOREIGN EXPORTED PARTIES	054	WHAT COUNTRY?	WIDOWE	The state of the s	BALTIMORE CITY	SUNTY	OF DEATH	M	ND.
Ó	10 CI	BALTIMORE	(IF NOT IN SU	HOSPITAL, NURSING BEDFORD	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE)		F BUSINESS OF	
5	13a S	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFOR 13c. CITY OR TOW BALTIMO	ORE	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	BedFu	KD /	en 2	120
G	14.FA	SHACOB	XXX	AARO	W	15. MOTHER'S MAIDEN NA	MIDDLE		ISRA	eL	
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) WWYT!	KOREA (S)	220 189		17. INFORMANT MRS	S. IRENE ADO	RESAARON LTO., M		207	
	z	Conditions, if ony, which gove rise to immediate couse ool, storing the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O	RAS A CONSEOU RAS A CONSEOU ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COI	ndition Giver	V IN PART I IC		
	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A P 21e PLACE	OF INJURY M. MONTH D M. OF INJURY REET FACTORY, OFFICE I	19	211 LOCATION STREET	RED (ENTER NATURE OF IN)		COUNTY	STATE	
		22a. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 22b SIGNATURE	7/29/	#3 19_		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the				st
	0	PRAHAM .	PALLO	n), 112	9	7600 OSA		50	TOWS	411	
	23a. B	BURIAL, CREMATION, REMOVAL	AUG.			EMUNAH	234 LOCATION BALTTMOR	E	COUNTY	STATE	

DHMH - 16 50M 4/82 (VRA 15, 4)

the attending physician and campletely filled in by the funeral direct remove carbanpapers. Pages 1 and 2 should be filed within 72 hours or

notified of ance.

must be n

injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The to

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attending physician.

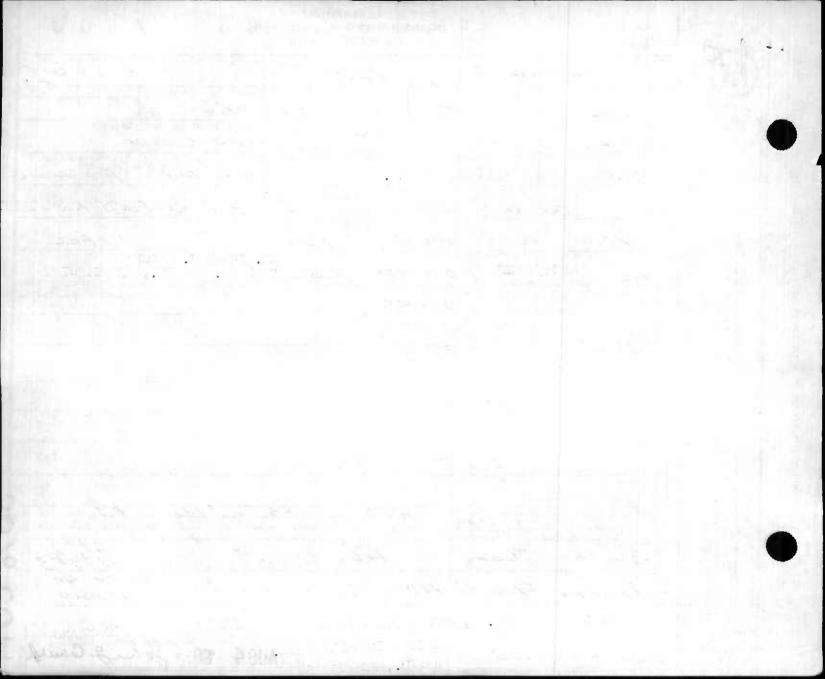
IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR LEVINSON

FOR

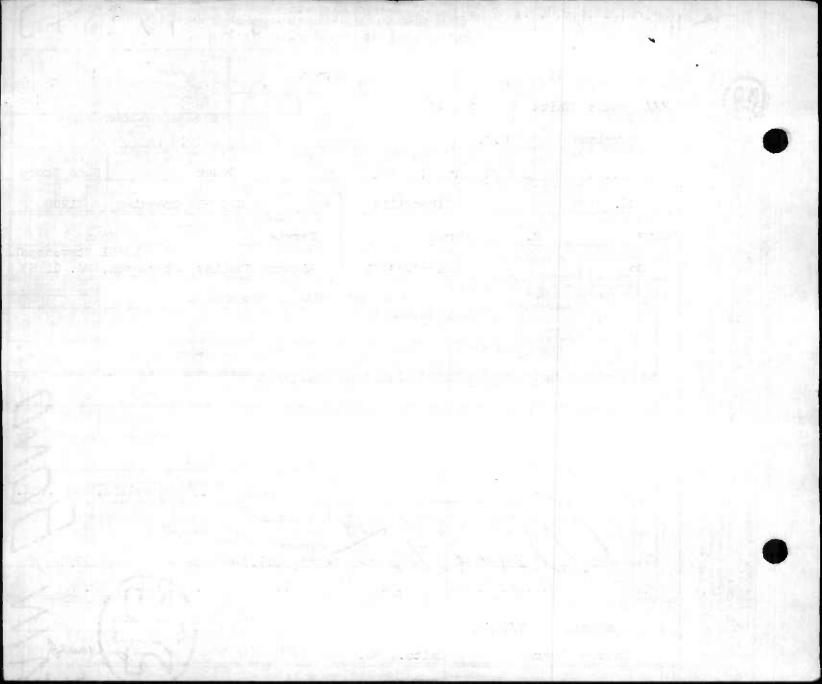
BALTO., MD 21215

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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEAY IS N	execute the certificate, writing the word "pending" in Pencil in Item 18. Give pages 11.31 and 310 the Fi	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE THEN	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH FEGURES WITH	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	

12		#18a,21a,1 FOR STATE 8/30, REGISTRAR CEASED NAME	b,c,d,e /83 kam	33	PEIANIN	MENT OF	HEALIT	I MIND IVE	LIVIALI	OF DEX	тн	REG. N	7 5	0	9	
100		PE OR PRINT)	Alice	DATE OF BIRTH		L ACE (IN YE		Abrams			DEATH	KNOWN X ESTI- MATED	MONTH	15	19 83 YEAR	26 HOUR
NON ST	MZ	AZ Female	White	MONTH DAY	YEAR 26	56 YE	RS. MONTH	HS DAYS	Hours	MIN P	PRONOUN DE AD	NCED	7	15	1983	11 A
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DELAY BY PAGE	1	Pikesville	е	206 Old	Cross	ing Rd	١.	IN REGING.	IOIN	FOR MI	wner		TPE OF WOM	OR	oe St	RY
AND	3a. S1	Md.	13b. COUNTY		13t. CITY	OR TOWN		YES	NO 🗆	206	6 Old	Cros	sing	2	21208	
Ses Property	Her	ATHER'S NAME PERST NTY WAS DECEASED EVEL	R		Wy m an	LAST	27.10	FIR	er's MAIDE erst rrie	EN NAME	MI	ADDRES		Kohn	LAST	7.1
JRS AFTER 3. GIVE PA WITH FOR T. PAGES DIVISION	(YE	NO TE CAUSE OF DEA	(IF YES, GIVE W	WAR OR DATES)	214-	-22-300			chard	Shel	lley			n, Md		
9 BE EXECUTED WITHIN 24 P. RNDING". IN PROCIL IN ITEA WEDICAL EXAMINER ALON AS A BURIAL TRANSIT PER ALTH AND MENTAL HYGIEN CREMATION, OR REMOVAL	NO	Conditions, if gove rise to couse (a) station lying cause lost	any, which immediate ang the <u>under</u>	DUE TO, OR (b) DUE TO, OR (c)	R AS A CON	EUTE PE	OF OF									
A HE HE	TIFICATI	196. DATE OF OPER				WHICH OPER								YI	UTOPSY?	NOXX
S CERTIFICATE SHO RITING THE WORD RDED TO THE CHI SE 3 SHOULD BE US FE DEPARTMENT OF ROOT PROR TO BURRI	MEDICAL CERTIFICATION	216 EXTERNAL CAL UNDERLYING XX CONTRIBUTING 216 INJURY OCCUP WHILE NO.	OR CAUSE OF DE JRRED OT WHILE	P.M. 71e PLACE C	A. MONTH A.7/15 OF INJURY	DAY YEAR 1903 (ATHOME.	In	gested Cation 6 Old	d pent	tobar	bital	1			1to.	MATE
MEDICAL EXAMINER: THIS SE OF THE CERTIFICATE, W SE A SHOULD BE FORWAR FUNERAL DIRECTOR: PAG FOR DEATH, WITH THE STAT TIMORE, MARYLAND, 212		220. I certify that death resulted for ACTUAL SONATURE	on Jobak charge	out the remains des	()	By.	Ayge	Homici Homici TITLE (SP	Inspection (ide	Undeter	Inquiry ermined mo	onner	and in my o	opinion E NED	7/16/	
EXECUTE PAGE AFTER LA PAGE	73e.Bl	(TYPE OR PRINT)	,REMOVAL 73b	3b. DATE	73c. N	NAME OF CEN		ADDRESS R CREMATO			CATION OR TOWN	DGI		DUNTY	STA	ATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	24 FL	Removuneral director		7/16/83 ADDRESS	S	lto., N	Md.		JUL S	20 1	REGISTRAI	R 256, REC	SISTRAR'S	SIGNATIL CALL	JRE	

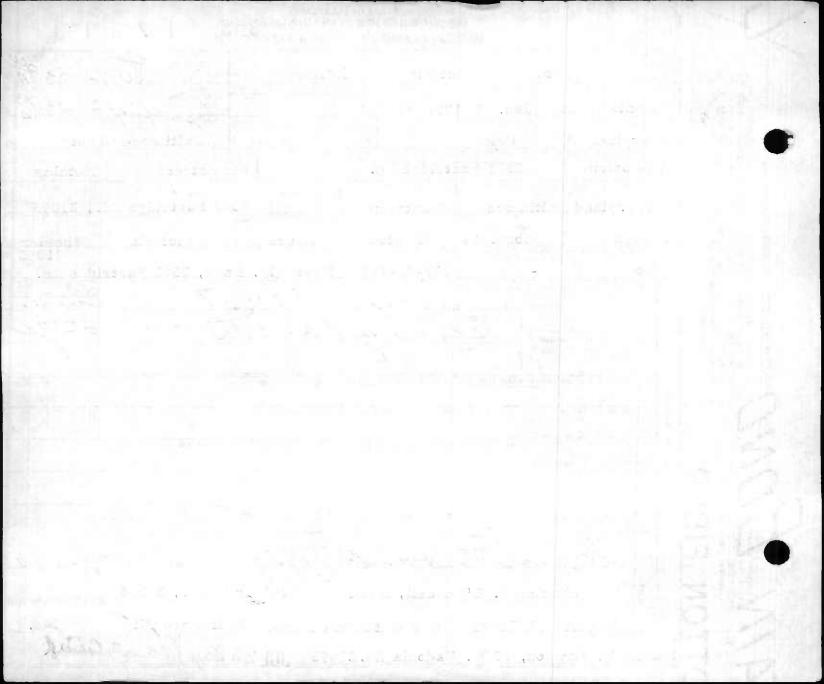


STATE OF MARYLAND

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REG. NO.	

	1-	FOR STATE REGISTRAR			EPARTMENT OF		AND MENTAL H	F DEATH	REG. NO.	5 1 0	
1		CEASED NAME	Ruth		ctoria		Adams	OF	TH MATED Q	12/19 Se	3 90 M
-	SEX F	emale	White	5. DATE OF BIRTH MONTH DAY Jan. 2	YEAR LAST BIRTHD	ARS IF UI	NDER 1 YR. IF UNDER	MIN PRONC	ATE MONT	12/108	R 2d HOUR
5	74. BB	Maryla	ATE OR	75. CITIZEN OF WHA		8 MARR	IED NEVER MARRI	ED U	Baltimore		MD
0		imoni		11 NAME OF HOSPI	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) Stridge Ro	e, or oth	HER INSTITUTION		CUPATION (TYPE OF WO		BUSINESS
	USUA 13a. S1	TATE	136. COUN Ball		residence before admiss 13c. City or town Timoniu		13d INSIDE CITY EIMITS?	13ª STREET ADD	DRESS Castridge I	Rd., 210)93
0	J	OSeph		MIDDLE Filmore	Pilkinto		Laura 17. INFORMANT	NAME	Victoria	uast Whe	
	(YE	No, or unkno	DEVER IN U.S. ARI	WAR OR DATES)	217-07-9			. Kane.	2303 Eas	tridge R	
		PART I DE 42	ATH WAS CAUSE	ly one couse per line to 0 BY: IE CAUSE (o)	A CONSEQUENCE	of .	1 450	est va		BYTWEEN ON	ATE INTERVAL SPT AND DEATH
		couse (a) lying cou	stating the <u>under</u> - se last.	(c)	S A CONSEQUENCE	est)					
	NOU						E OR CONDITION GIVEN IN PAI	RT 1 (a)			
2	CERTIFICATION	190 DATE OF			ON FOR WHICH OPER	N MOITAS	AS PERFORMED?			20 AUTOPS	
3	MEDICAL CE	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.M.	MONTH DAY YEA	R	ow injury occurrei	D LENTER NATURE O	f injury in item 18 part 1 o	R PART 2)	
3	MED	21d INJURY C	NOT WHILE C		FINJURY AT HOME, RY, FARM, ETC.)		CATION	CITY OF	RTOWN	COUNTY	STATE
+			y that I took charg	re of the remains described causes		Autop	, Inspection Homicide	Undetermined MEDICAL EX	manner .	/	193
1		EXAMINER'S (TYPE OR PRIN	II) _ Gha.r	les F. O'I					d., 21204		
-	(5	PECIFY) B	urial	7/25/83	New Ca		ral Ceme.		more City		Md.
- 1		UNERALDIREC NAME artin I		on, 10 W.	Padonia I	Rd. 2		2 2 1983	RAR 25 REGISTRAR	2 Cahely	R

DHMH - 17 (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH RAR 20 DATE OF DEATH MONTH DECEASED NAME FIRST LTYPE OR PRINTS DAVID ADLER JULY 24, 1983 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR 3 SEX 4 RACE JUNE 30, 1903 MALE WHITE 80 A N BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND USA BALTIMORE COUNTY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY VALLEY NURSING & CONV. CENTER BALTIMORE MERCHANT SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CHASE HOUSE - 14TH FL MARYLAND 436 COUNTY 13e STREET ADDRESS INSIDE CITY LIMITS? BALTIMORE CATHEDRAL & CHASE ST. NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE NOVANANSKY JACOB ADLER LEAH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT MRS. FANNYEDCOREN 3114 SHELBURNE RD. 218-22-5522 BALTO., MD 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gave rise to immediate cause a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE

STATE OF MARYLAND

DR. MARION KOWALEWSKI 230 BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL JULY 26,1983

226. SIGNATURE .

saw the deceased alive an_

274 PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS 8604 HARFORD RD. 23c NAME OF CEMETERY OR CREMATORY

BETH EL MEM. PARK

DEGREE

BALTO., MD 23d LOCATION

RANDALLSTOWN

and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD 21215

220.1 certify that (1) (this bose tal) attended the deceased fram_

abave, (1) (was (did) (did not) view the bady after death

ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN

BALTO.

22c. DATE SIGNED

2b. HOUR

12h KIND OF BUSINESS OR

21208 APPROXIMATE INTERVAL

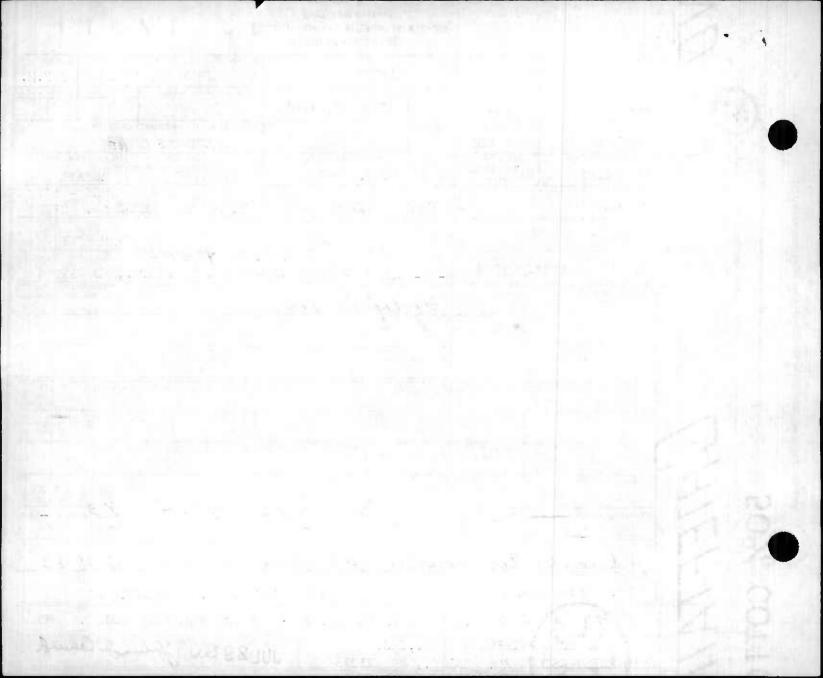
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RETAIL

9 P.M.

IF UNDER 24 HRS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 2ª DATE OF DEATH 2h HOUR DECEASED NAME MIDDLE MONTH YEAR TTYPE OR PRINTS sevAID 4. RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 3 SEX MONTH Male Caucasian 33 00 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York Baltimore County. U.S.A. DIVORCED WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR Baltimore County General Hospital U-STRY Modual Mer. Randallstown Govit. JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13. STREET ADDRESS PRIVATE Drive Baltimore Wood Lawn 13d. INSIDE CITY LIMITS? 21207 Maryland NO P 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Sadie Dworskin Louis Adler ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 101-30-8192 Diane Adler, 3702 Sylvan Drive Yes Korea APPROXIMATE INTER 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h, IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY INCERTIFYING CAUSES OF DEATH? NOTA YES T NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on June obovy: (1) the body after death and that in (my) our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE 22c. DATE SIGNED DEGREE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

PHYSICIAN

ATTENDING MEDICAL

23d LOCATION

STAFF

23t NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Woodlawn Cemeterv

CITY OR TOWN Woodlawn.

DIRECTOR PHYSICIAN

Baltimore Co..

DHMH - 16 50A 4/82 (VRA 15, 4)

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WOODLAWN MEMORIAL 6411 Windsor Mill Rd

250 DATE REC'D. BY REGISTRAR 256-REGISTRAR'S

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OR ATTENDING PHYSICIAN: The low

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STATE OF MARYLAND

1.	STATE REGISTRAR		DEFARIT	CERTIF	ICATE OF DI		REG.	NO.	, ,		
	CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
{TYPE	EORPRINT) Willi	a m	Λ	Δ.	lbert		т	ulv 27	1983	1:45	
3. SE		4. RACE	A	S. DATE C			6 AGE (IN YEARS LAST		UNDER TYEAR	IF UNDER 24 HRS	
3. 50		T. MACE		MONTH		YEAR		MON	MONTHS DATS HOURS MIN.		
2	Male	Whi			. 30, 1	905	78	YRS.			
	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OI	WHAT COUNTRY?	MARRIE	NEVER M	ARRIED -	9 BALTIMORE CITY	_			
	Maryland		S.A.	WIDOWE		ORCED	Balti	more co		M	
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTI	TUTION	12a USUAL OCCUPA	ATION	126 KIND OF	BUSINESS OF	
	Towson /	St.	Joseph	Hosp	ital			ager	Ba	ak	
USUAL RESIDENCE (# NURSING WALL OTHER INSTI 13a STATE Maryland			134. CITY OR TOW		13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRES	S			
			Baltimo			NO 🗌	3301 Gibbons Ave		Balte	0.MD.21	
_	ATHER'S NAME				15 MOTHER'S		NE .				
	William	MIDDLE	Albert	CLIM		IRST	MIDDLE	MIDDLE		McKenna	
16a \	WAS DECEASED EVER IN U.S.	APMED FORCES?			17 INFORMAN	nnie	ADI	DRESS	MC.	Kenna	
	IYES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)							D 146.		
	No		212-03-1	L772A	Rev. R	obert .	A. Bozel,	same as	13e	MATE INTERVAL	
ATION	PART 2 OTHER SIGNIFICAN		CONTRIBUTING TO				NAL DISEASE OR CO	ONDITION GIVEN		T. O	
CERTIFICATION	DATE OF OPERATION	176 CON	SHOW FOR WHICE	TOPERATION	IV WAS FERFOR	MED	YES X NO	IN CERTIFYIN	G CAUSES		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF USE OF USE OF THE CONTRIBUTION O	DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCURRED		ED (ENTER NATURE OF II	NJURY IN ITEM 18 PART	RT 1 OR PART 2)		
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE		OF INJURY TREET, FACTORY, OFFICE,	FARM ETC }	211 LOCATIO STREET	N	CITY OF	RIOWN	COUNTY	STATE	
	AT WORK AT WORK										
	AT WORK - AT WORK	spital) attended i	he deceased from	July	8	, 19 83	, to July	27 . 19			
He.	22a.1 certify that XI) (this has saw the deceased alive-	On JULY	2/ 19	101y 83,00			. 10	27 19 date and hour a			
100	22a. I certify that 20) (this has	On JULY	2/ 19	03 , or	nd that in (n X) (DEGREE A1		leath accurred on the	TAFF _		ouses stated	
	27a. I certify that XI) (this has saw the deceased alive above, (X (we) (did) (X di	onJUIY	y ofter death.	03 , or	nd that in (n X) (DEGREE A1	our) opinion of	leath accurred on the	TAFF _	nd from the o		
	27a. I certify tho (X) (this ho sow the deceased alive obove, (Y (we) (did) (37) 27b. SIGNATURE	IN JULY	y ofter death.	03 , or	DEGREE AT P 220 ADDRESS	our) opinion of	MEDICAL S DIRECTOR PHY	TAFF _	22c DATE	ouses stated	
	272. I certify thot X) (this hose we the decesed along above, (X (we) (did) (20) 272. SIGNATURE 272. PHYSICIAN'S NAME OF juela-Go BURIAL, CREMATION, REMOV.	TOR PRINT) THE CAR PRINT)	y ofter death. 19	03, or	DEGREE AT P 220 ADDRESS	TENDING HYSICIAN	MEDICAL S DIRECTOR PHY Rd . TOW	TAFF SICIAN [22c DATE	souses stated SIGNED	
	274 PHYSICIAN'S NAME OF JUE 1a - Go	FOR PRINT) MEZ M. I AL 23b. DATE	y ofter death. 19	NAME OF C	DEGREE Alpha 220 ADDRESS 7620	TENDING HYSICIAN YORK REMATORY	MEDICAL S DIRECTOR PHY Rd . TOW	TAFF SICIAN []	22c DATE	souses stoted SIGNED	

DHMH - 16 50M 4/B2

BP.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely illind in by should be detoched for use as the burial-transit permit. Then please remove corbompapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

Leonard J. Ruck, Inc., Baltimore, Maryland

AUG REC'D. BY REGISTRARY HE GISTRARY SIGNATURE

1 1983

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bold he filed

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 this should be detached for use as the burial Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If them 21 is morked or Item 18 shows any injury, ar other traumatic event, the

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE 3

1	7	5	1	4
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REGISTRAR				CERTII	FICATE OF I	DEATH	REG.	NO			132
I DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH		DAY	YEAR	2b HOUR
(TYPE OR PRINT)	Gilb	pert	Н.	A1f	ford			7	5	83	8:45 p
3 SEX		4. RACE			OF BIRTH	YEAR	6 AGE IN YEARS LAST	BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDER 74 HRS.
Male		White		5	111	09°	74	YR		UA13	HOURS MIN.
To BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTE	RY? 8	D NEVER	MARRIED T	9 BALTIMORE CITY	OR COU	NTY OF E	HTASC	
Maryland		USA		WIDOWI	ED D	VORCED X	Baltimo				MD
Cockeysv	ille	Bro	HOSPITAL, NUR CHEACILITY, GIVE STE admead	13801	York R	oad	120 USUAL OCCUPA (1YPE OF WORK FOR MOS Self-Emp	Toyed	IG LIFE) 12 I	Mac	hinist
USUAL RESIDENCE (18 130 STATE MD	13b COU	r other institution	GIVE RESIDENCE BE	FORE ADMISSION	13d INSIDE C	NO X	13e STREET ADDRES	ork l	Road	21	.030
Gilber	rt H	loven	Alford		15. MOTHER	Edith	WE		Hol1	o ngs	worth
160 WAS DECEASED EN			16h SOCIAL SE		17 INFORMA	INT	ADD	RESS			
HAKAOWA NO) (IF AEP' CIL	VE WAR OR DATES)	213-03	-8028	Mrs. Ka	athryn	A. Connor	1539	Pick	cett	Rd 21093
18 CAUSE OF DE	ATH (Enter or	nly one couse per				1				APPROX	MATE INTERVAL ONSET AND DEATH
PARTI. DEATI		TE CAUSE (a)	ARDI	OPULU	nowon	J AR	NEST	115			
436)	DUE TO, O	R AS A CONSE	DUENCE OF					100		
Conditions, if o		((b) =	SEPSIS								
gove rise to cause (a), st	immediate ating the	DUE TO O	R AS A CONSEC	DUENCE OF		Λ					
underlying co	use last.	(0)	ENEBI	200430	LYLAR	Acci	DENT-K	ELUA	ren		
PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING 1	O DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE OR CO	NOITION	GIVEN IN	PART 1	0
& GENER	1248	ED AT	-HEROS	SCLENE	05 15 P	ARKIN	ISUN'S Su	NOR	ome		
GENER 190 DATE OF OPE	RATION	196 COND	ITION FOR WHI	CH OPERATIO			200 AUTOPSY?	20b IF	YES, WEI	RE FINDING CAUSES	OF DEATH?
210 ACCIDENT WAS	UNDERLYING T	7 21b. TIME C	F INJURY		121c HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN	ILIPY IN ITEM		OR PART 2)	МОП
				DAY YEAR			TEN TENTONE OF THE	30x1 = 110m		Yu Limus of	
(IF EITHER NOTIFY A 21d INJURY OCC		P. PLACE	M.	19	211 LOCATK	140					-
WHILE IN NO			REET FACTORY, OFFI	CE FARM ETC }	STREET		CITY OR	IOWN	(OUNTY	STATE
	WHILE WORK										
220.1 certify that sow the dec	eased alive on		19		nd that in (my)	(our) opinion	death occurred on the	date and	19 hour and		that (1) (we) lost
22b. SIGNATURE	e) (did) (did no	ti view the body	ofter death.		DEGREE				-	22c. DATE	
W	allen	n Ha	men F.	u un	A .	ATTENDING PHYSICIAN [MEDICAL ST	AFF SICIAN D		7	6/83
22d. PHYSICIAN'S	NAME (TYPE C	OR PRINT)	,		22e ADDRES	S					
Walt	er N.	Hepner			138	301 Yor	k Rd 21030				
230 BURIAL, CREMATIC	N, REMOVAL	236 DATE	2:	R NAME OF	EMETERY OR	CREMATORY	23d LOCATION				
Burial		7-9-8	3 1	Druid R	Ridge		Pikesvi	11e	Ba.1	Lto.	Md.
24 FUNERAL DIRECTOR						25e DAT	E REC'D. BY REGISTRA				
Mitchell-h	liedefo	1d Homo	6500mV		27 27 2	JUL	1 4 1983	1	and	7. 6	help

Mitchell-Wiedefeld Home 6500mYork Rd 21212

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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TENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 3

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	1-	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEA		NE 3		5 1	2
1	I. DEC	CEASED NAME FIRST OR PRINT)		MIDOLE	ı	AST		20 DATE OF DEATH		DAY YEAR	26 HOUR
ı		RUTH R. ALT ME	RS.					7-1-	1983		9:40 AM
ı	3 SEX		RACE	,	5 DATE C	OF BIRTH	YEAR	AGE (IN YEARS LAST BIRT	_	F UNDER I YEAR	# UNDER 24 HRS HOURS MIN
4	1	F	M		4	-/11/15		68	YRS		HOURS MEN
3		RTHPLACE (STATE OR FOREIGN)	b CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARE	RIED [BALTIMORE CITY O	R COUNTY	OF DEATH	
		W. VA	US	A	WIDOWE		CED 🗍	BALT		000	mu.
Ì	10 61	TY OR TOWN OF DEATH		HOSPITAL, NURSIN TH FACILITY, GIVE STREET		OR OTHER INSTITUT		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	WORKING LIFE		OF BUSINESS OR
1	1	rowson	DULANE			NG CENTER	2	H54	E		
	30 S		OTHER INSTITUTION TY ALTO	ASTOPLE	N			13e STREET ADDRESS	IVE	e BE	XII PO
1	14 FA	THER'S NAME FIRST HAS. W.	RE	= YNOLO	5 51	15 MOTHER'S MA	B	E VANH	ORN	LAS	34
		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	OF THE	ADDRE			
		NO		UN	K	HOWAI	30 F	727	ABO	VE.	
		18 CAUSE OF DEATH Enter only		line for (a), (b), and	dicii		,			APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED	i att	12	N						
		1171	DUE TO, O	R AS A CONSEQUE	NCE OF	17the	4	./.		2+	
	H	Conditions, if any, which gave rise to immediate	(b)_(erem	orna	The.	vera			134	w
		couse [0], stoting the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF	0					
			(c)		NF - TIL BUILT	107.051.1750.70		111 0105 105 00 00 11		511 D 1 D 1 D 1 D 1 D 1	
	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>Co</u>	DATKIROLING TO F	DEATH BUT	NOTRELATED TO	THE TERMIN	NAL DISEASE OR CONI	JII KON GIVE	EN IN PART TO	01
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		, WERE FINDIN	
0	TIFIC	Maning States						YES TI NOR	IN CERTIFY	YING CAUSES	NO T
1	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME C		WE AD	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		M. MONTH DA	19						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	ADAM ETC.)	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
	2	AT WORK AT WORK	(A) NOME, SI	LET, FACTORY, OFFICE, F.	ARM, CTC.)						JIAIL
		220.1 certify that (I) (this hospital	al) attended th	e deceased from			9 82	_, to	-1_		that (1) (wa) last
	J.	spw the deceased alive pn abave, (1) (and) (did not		after death.	. 01	nd that in (my) (opinion de	eath occurred on the do	ite and haur	and from the	causes stated
	19	22b. SIGNATURE	77/		1 31	DEGREE	NDING .	MEDICAL STAF		22c. DATE	SIGNED
	10	Trederick	tel A	lever,	In	PHYS				7-0	1-20
		72d. PHYSICIAN'S NAME (TYPE)	-1	LLMER,	MD.	6100°	YORK	CRD BA	ZTON	ORE M	1D zuzuz
	23o. B	SURIAL, CREMATION, REMOVAL	23b. DATE 7/5	10 - 1 -	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OF TOWN	718	COUNTY	STATE
	24. FL	JNERAL DIRECTOR	1 /- /			. ,,(25a. DATE	REC'D. BY REGISTRAR		RAR'S OIGHT	-
	J	.G. CONNEL.	4	300	mAC	E	JUI	[121983]	John	- dr 10	
	_										

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

ony injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked at Hem 18 shows

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YOUR HEADING ALT BOOKE	
	was at the boundary let to

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

REGISTRAR	CERTI	PICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	Hedwig	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
(TYPE OR PRINT) AMEL	IA H ARCHAM	MBAULT	JULY 18,198	
3. SEX	4 RACE 5. DATE	OF BIRTH TH OAY YEAR	& AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
Female	White May		79 YRS.	
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
Maryland	USA	PED DIVORCED	Dita Lationa Go	UNTY MD.
TOWSON	11. NAME OF HOSPITAL, NURSING HOME ST. JOSEPH HOSPIT	ΓAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Office Sales	12b. KIND OF BUSINESS OR INDUSTRY
13a STATE 13b. COL		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	W-11 D-1 21002
	lto. Timonium	YES NO X		Valley Rd. 21093
Joseph	Grochmal	15. MOTHER'S MAIDEN NAME PAULINE	Elizabeth	Fisher
160 WAS DECEASED EVER IN U.S. A		17. INFORMANT		., 21093
(18 YES, C) NO OR UNKNOWN)	214-01-1170	Thomas		300 Dulaney Valle
				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	only one couse per line PPY O A ROLL A	INFARCTION	Too lavetan	BETWEEN ONSET AND DEATH
IMMEDI	ATE CAUSE (D)	arona s	mj mainen	
7148	DUE TO, OR AS A CONSTOURNCE OF			
Conditions, if any, which	(b)		/	
couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
underlying couse lost.	(c)			
	CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1 0
Q				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
皇	Carrier - F			YES NO
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
OR CONTRIBUTING CAUSE OF D	KATH			
116 EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
	pital) attended the deceased from	-3 - 10 R 3	2 10 7-18	19.8 7 that (i) (we) lost
sow the deceased alive of	7-18 108-2	and that in (my) (our) opinion	death occurred on the date and he	our and from the causes stated
obove, (1) (we) (did) (did i	not view the bod ofter death.	DEGREE		22¢ DATE SIGNED
1111/	Shiladi'a	ATTENDING	MEDICAL _ STAFF _	71587
	mireu co		DIRECTOR PHYSICIAN	14000
1224 PHYSICIAN'S NAME TYPE	SHILADI, MD.	7600 C	OSLER Di	Tonson 21204
23a. BURIAL, CREMATION, REMOVA	AL 236. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
Burial	7/22/83 New C	athedral Cem	e. Balto.	City Md.
24 FUNERAL DIRECTOR Man	the X Jawan	25a DAT	E RECD BY REGISTRAR 29 EGI	STRAR'S SIGNATURE
Martin D. Lav	vson, 10 W. Padonia	Rd. 21093 JU	[4 4 1000 Jac	man amount

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BP.

y injury, or other troumotic event, the medical

IMPORTANT: If Nem 21 is marked or Nem 18 shows any

arys.	JULY 18,1988				
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art van st		1 samo, 10	1-91-1170		
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SP-84.				100	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the retained by the haspital or attending physician.

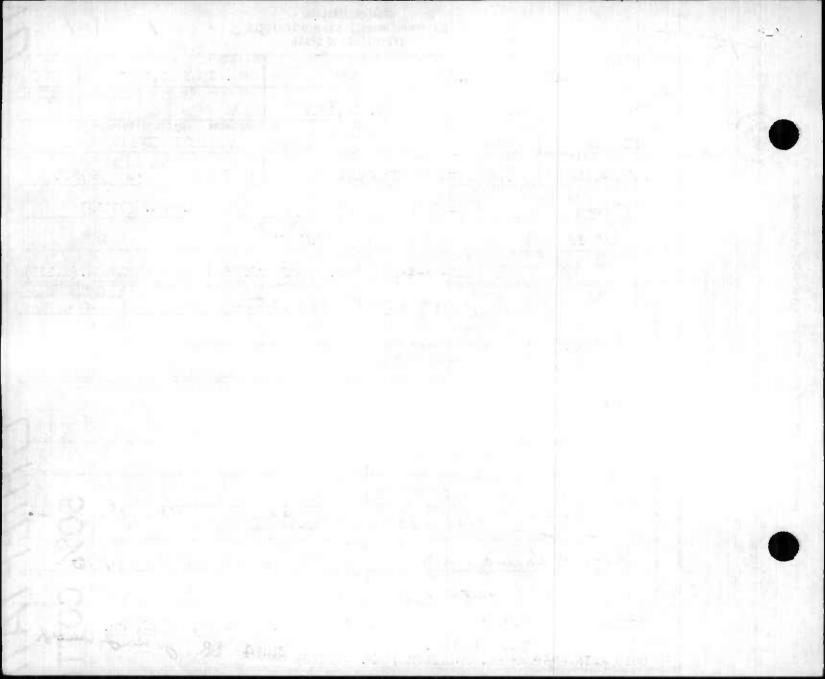
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYERNE 3

5 1 7

		EASED NAME	FIRST		MIDDLE		AST	2e. DATE C	OF DEATH	MONTH	DAY	YEAR	26 HOU	JR .
	[TYPE C	OR PRINT)	ELLIS		L.	ARE	ENSON	SUN.	JULY	31,1	983		6:25	P
3	SEX			4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BE	RTHDAY)	IF UNDE	ERIYEAR	IF UNDER	24 H
		MALE		WHITE		NÖV.	14,1902 YEAR	80		YRS.	MONTHS	DAYS	MOURS	M
10		THPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D X NEVER MARRIED	9 BALTIM	ORE CITY	OR COUNT	TY OF DE	EATH		
V		VIRGINIA		USA		WIDOWE	DIVORCED			RE CO	UNTY			
0	III. CIT	PIKESVIL			HOSPITAL, NURSI CH FACILITY, GIVE STREE URD MANOR		OR OTHER INSTITUTION	120 USUAL TYPE OF WO MERC	OCCUPAT RK FOR MOST HANT	TION OF WORKING		KIND OF RET		SS
35	30. ST	RESIDENCE (# NU ATE MARYLAND	136 COUN	OTHER INSTITUTION TY	BALTIMO	RE ADMISSION) NO NE	134 INSIDE CITY LIMITS? YES NO [13 STREE 1 3606	ADDRESS MENL	O DR.	(21	215)		
30	L FAT	HER'S NAME FIRST MORR	IS '	WIDOFE	ARENSO	N	15 MOTHER'S MAIDEN N REBECCA		MIDDLE		BLA	CKÉŘ		
2		AS DECEASED EVE S. NO OR UNKNOWN)	NO NO S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SEC 213-03-		MRS. CLARE	ARENS	ON 3	606 M	IENLO	DR.	(212	21
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-/ -/	CAL CERTIFIC	gove rise to it countries to it countries to it countries to it countries to the countries of the countries to the countries	y, which namediate thing the se lost. GNIFICANT C ATION NOERLYING CAUSE OF DEA DICAL EXAMINER: RRED	DUE TO. O (c) DUE TO, O (c) ONDITIONS CO 196 COND 196 COND 196 COND 197 PLACE	R AS A CONSEQUENT RAS A	DEATH BUT DEATH OPERATIO DAY YEAR 19	NOT RELATED TO THE TER	MINAL DISEA 200 AUT YES	OPSY?	20b. IF Y IN CERT	YES, WERE TIFYING O YES TOR	E FINDIN CAUSES	IGS USEE OF DEAT	TH?
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BP. DHMH - 16 50M 4/82

(VRA 15, 4)



e of the	[TIPE OR PR	NI)	Cora		Hilda	Arn	old	Jul	у 3	, 1983	0:35 P
1864	3. SEX	emale		4. RACE White	e	5 DATE O	. 3,1901 YEAR	6 AGE (IN YEARS LAST BE	YRS.	ONTHS DAYS	IF UNDER 24 HR
(NE)5		ace (STATE O		76 CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	Baltimore City of	County	OF DEATH	
58		WSON	ATH		HOSPITAL, NURSING FACUITY, GIVE STREET TOSEPH		tal	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Telephone Operator Federal Gov			
B5	130 STATE		136 COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOW TOWSON	N	13d. INSIDE CITY LIMITS?	138. STREET ADDRESS 28B Duny	ale Rd	. 212	04
and 2 st	14 FATHER	'S NAME Milton	Ditty	WIDDLE	LAST		15. MOTHER'S MAIDEN N. Elizal	neth		LAS	
Pages 1		DECEASED EVE DORUMKNOWN) NO		MED FORCES? E WAR OR DATES)	212-16-		William F. A	Arnold, Sr.			d.21211 Hgts. <i>A</i>
signed by the atter hen please remave o to burial, cremation, jury, ar ather traum	gar cau und	nditians, if an we rise to in ise (a), stat derlying cau	nmediate ling the se last.	(b)	OR AS A CONSEQUE	NGE OF	TIPLE NOT RELATED TO THE TER	MYELO			a
an. hos been t permit. T ene prior	CERTIFICATION 130° C	ATE OF OPER	ATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
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AL OK ALIENDER The haspital ar AL DIRECTOR: Al detached for use of EDPT. of Healt				tal) attended the	ne deceased fram_3 vatter death.	83 a	nd that in (V) (aur) apiniar DEGREE ATTENDING PHYSICIAN	death accurred an the c	\FF	and fram the	
O FUNER hould be with the Sit	220	EBRA	H/M		AKCHI	MD	7620 York	Road Towso	n, Md.	21204	

- STATE

BP.

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

DECEASED NAME

23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial CITY OF TOWN July 6,1983 Parkwood Baltimore, Baltimore Co., Md. 24 FUNERAL DIRECTOR 6500 York Rd. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

CERTIFICATE OF DEATH

REG. NO

MONTH

YEAR

26 HOUR 3, 1983 6:35 A.M.

20 DATE OF DEATH

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ON OF VII AL KELOKUS, JOHN FRESION SI., BALLIMOKE, MAKTLAND ZIZO	YSKCIANI. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may fing physician.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENTA		REG. N	0.	7 5	19
E. M. ARTERBURN JULY 29, 1983 10.1159 NAME OF BIRTH JULY 29, 1983 10.1159 NOTE OF BIRTH JULY 29, 1983 NOTE OF BIRTH JULY 29, 1983 10.1159 NOTE OF BIRTH JULY 29, 1983 NOTE OF BIRTH JULY			FIRST		MIDDLE		AST	26	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
Male Male Male Male Month June 10, 1914 Marked Month Month June 10, 1914 Marked Month Month June 10, 1914 Marked Month Mont	(I TYPE !	OR PRINT)	E.		M.		ARTERBUI	RN	July 29	. 198	83	10:15PM
Male Male June 10, 1914 69 985 186 186 186 186 196 186	3. SEX	(4. RACE			F BIRTH	6.			IF UNDER 1 YEAR	IF UNDER 24 HRS
18. BRITHACE (STATE OF ORIGINAL TO COUNTRY) MARRIED NEVER MARRIED SALTIMORE CITY OR COUNTY OF DEATH U.S.A. MARRIED MORCED DIORCED	0.0	Male		Whi	.te				69	YRS	MONTHS DAYS	HOURS MIN.
Tenn. 19. City or Town of Death 21.234 19. City or Town of Death 21. Name of ProSpirial, Burkshop Home or Order Institution 21. Name of ProSpirial, Burkshop Home or Order Institution 21. Name of ProSpirial, Burkshop Home or Order Institution 21. Name of ProSpirial State of ProSpirial	7a. BIR	RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTR	2Y? 8.		- 9.			Y OF DEATH	
Is CITY OR TOWN OF DEATH 11. NAME OF HOSPITIAL, NURSING HOME OR OTHER INSTITUTION 12.34 VIRGINIA HOME O		and a		U.S	.A.				Baltimor	e Cor	intv.	MD.
Valley V	10. CI		ATH			SING HOME C		N 12	. USUAL OCCUPAT	ION	12b. KIND C	
USUAL RESIDENCE IN MUBBING FROM COTORER INSTITUTION, OWN ERRORMED ENGRACE BEFORE ACMOSON 136. INSIDE CITY LIMITS? Maryland Baltimore 21234 136. STREET ADDRESS 8602 Chestnut Oak Rd. 2123 18. FATHER'S NAME James MIDDLE	1	21234		Valley	Nursi	ing& C	onvalesc			OF WORKING (ming
Maryland Baltimore 21234 YES NO	USUA	L RESIDENCE IN NUE	ISING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE DE	FORE ADMISSION)						
14. FATHER'S NAME								-	- /	estni	it Oak	Rd. 2123
James Arterbum Lillie Shelton		THER'S NAME	11.	3-34 -32				EN NAME				
18. CAUSE OF DEATH Enter only one couse per line for ios, ibl. and ic.) Yes W.W.II Hop-20-5907 Virgia M. ArterburmBalto. MD 21234 18. CAUSE OF DEATH Enter only one couse per line for ios, ibl. and ic.) PART 1. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ios, stating the underlying couse last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? 20. IFYES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES N		-	^	AIDDLE		rburn	T.i	llie	MIDDLE			
State Conditions Conditio		AS DECEASED EVE							ADDR	ESS		02.0011
18. CAUSE OF DEATH (Enter only one cause per line for io), (b), and ic.) PART 1. DEATH WAS CAUSED BY: WHITE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse ios. Intering the underlying couse lost. OUE TO, OR AS A CONSEQUENCE OF	[A				409-20	-5907	Virgia N	VI. AT	rterburn	Balto	o. MD	21234
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE OR							111514.					ONSET AND DEATH
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OR CONTRIBUTING CAUSE OF DEATH FOUR A.M. MONTH DATE TEAR 19 216. INJURY OCCURRED 216. PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AND WHITE AT WORK	8											
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OR CONTRIBUTING CAUSE OF DEATH FOUR A.M. MONTH DATE TEAR 19 216. INJURY OCCURRED 216. PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AND WHITE AT WORK	N N			110110 4		0.1V VC.1D	21c. HOW INJURY C	CCURRED	(ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)	
22e.1 certify that (I) (this haspital) attended the deceased from sow the deceased glive and the deceased from sow the deceased glive and the deceased from the course stated above (I) (we) (did (did not view the body after death.) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECT				III								
22e.1 certify that (1) (this haspital) attended the deceased from sow the deceased give an account of the course stated obove (1) (we) (did (did not view the body after death.) 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICI	OG			21e. PLACE	OF INJURY				CITY OR T	3wa	COLINTY	STATE
22e. I certify that (I) (this haspital) attended the deceased from sow the deceased give an above (I) (we) (did) (did not view the bady after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR	M	WHILE NOT W	WHILE -	(AT HOME, ST	REET, FACTORY, OFFI	CE. FARM, ETC)	STREET		CITY ON TO	JWN	COUNT	SIAIE
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (1175 OF PRINT) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN		22e.1 certify that () (this baspit	al) attended th	ne deceased fro	mi	D. La., 19	1	4 10		19	that (I) (we) lost
226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY		saw the decea	sed alive on.	Never see	W - COVC	2 100 E. 8.	d that in inivi) (our) o	pinion dec	oth occurred on the o	lote and ha	ur and from the	couses stoted
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 7-30-83 220. ADDRESS 220. ADDRESS		22b. SIGNATURE	dia Naia no	view the body	atter death.		DEGREE (6	MOONS	Fro Orh	come los	CA- 22c. DATE	SIGNED
22d. PHYSICIAN'S NAME AT THE OR PRINT) 220. ADDRESS 270.2 Policy Parint	3.1		16%	mill w	0		ATTEND	ING 4	MEDICAL STA	FF	7 7-	30-82
6 Porge Come 3703 Belair Ed Catharith BALTIMORE		226 PHYSICIAN'S	AME TIPE OF	PRINT)					TREETOR	CIAIT		- 0
		6 Porce	Con	118			3703	BOLAL	red E	200	OH C	ALTIMORE
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	23e B	URIAL, CREMATION			12	3c. NAME OF C	EMETERY OR CREMA	TORY				
Burial Aug.1, 83 Bethesda Cemetery Morristo Tenn.	É	Burial								town		STATE
24 FUNERAL DIRECTOR 250 DATE REC.D. BY REGISTRAR 1 50 TIANS NAMED		INERAL DIRECTOR		1				So DATE R	ECID. BY REGISTRAF	B CEGA	TRANSPOR	build
William E. Johnson8521 Loch Raven Blvd. AUG 2 1983	Wi	lliam E	Joh	nson85	21 Tine			AUG	2 803	000		

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PL retained by the hospital ar other TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fillewith the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal.

IMPORTANT: If them 21 is marked ar them 18 shows any injury, or ather traumatic event, the medical

Part of the second seco Signal this bisses to bus the first of the second of the s Mining II. . Wile you we that a plant of the property of the last THE REPORT OF THE PARTY OF THE Million S. Johnsonseel Lock Reven Flyd.

3. S 70.	14 16a	MEDICAL CERTIFICATION
out be northed at occ.	e medicol examiner m	IMPORTANT: If Hem 21 is morked at Hem 18 shows any injury, or other troumotic event, the medical examiner must be mention at the
ed in by the fundral arrestor and id be filled within 72,5 kgm, arrestor	on and completely fill.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fundament and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled with a first with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.
4 hours after death. Page 4 may	be executed within 24	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after the Theorem retained by the haspital or attending physician.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGHNE

2 3

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	٥.		
1. DECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR a
(TO CA PARINT)	Cathe	rine	S.	ASI	HTON	July 6.	1983		2:30 "
3. SEX Fema	le.	4. RACE White	e	5. DATE O	H O DAY T O OYEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STA		76. CITIZEN OF	WHAT COUNTRY?	8	П.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 BALTIMORE CITY O		OF DEATH	
Illin	ois	U.S	. A .	WIDOWE	D NEVER MARRIED 2	Baltimore	e Cou	ntv	MD
10. CITY OR TOWN O	F DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS OR
Baltimo		Frank		are I	Hospital	Beautici		FE) INDUSTRY	1000
USUAL RESIDENCE (1 130. STATE Md.	13b COU		Baltimo	N	13d INSIDE CITY LIMITS? YES NO 🖔	134. STREET ADDRESS (Care	Nursin	ng Hm
14 FATHER'S NAME		MIDDLE	1467		15. MOTHER'S MAIDEN NAM				
Alber	t	MIDDLE	Ashton		Cätheri	ine		Mai	ngold
160 WAS DECEASED (YES, NO OR UNKNOW NO		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 219-30		Mary Kelly	(friend)			21222 lette F
	ony, which immediate stating the cause last.	DUE TO, O	r as a conseque	Arte Arte	ry Disease in			VEAL DI DART IV	
190 DATE OF O					N WAS PERFORMED	200 AUTOPSY?	120b. IF YE	S. WERE FINDI	NGS USED
SE S						YES NOT	4	FYING CAUSES	NO T
OR CONTRACTOR	AS UNDERLYING [G CAUSE OF DE	AIR	PEINJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR				
(IF EITHER NOTIF	CURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		nitol) ottended the high size of the hig	e deceosed from	July 83	3 , 19 83 nd that in 19 (our) opinion o	to July 6 death occurred on the de	ote and ho		that d. (we) last causes stated
X TVE	De Dre	esslev		Œ.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		7-6	SIGNED -83
	Fred Dr	essler,	M.D.		9000 Frank	din Square	Drive	e 2123	7
23a. BURIAL, CREMAT	ial	7/8/8	33	Loud	emetery or crematory on Park	23d LOCATION Balti	more	COUNTY	Md.
24. FUNSFORDIERON 3331 BI	onek Fi	uneral Lane, E	HOMe, I	nc.	1213 250 DATI	FREC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	TURE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

ecuted within 24 hours ofter death. Page

STATE OF MARYLAND

1		REGISTRAR		CEKTIF	ICALE OF DEATH	REG. NO.	
ı			RST A	NDDLE	AST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1	TYPE	OR PRINT)	OSE	- Mu	STER	7 /	1 83 12:350
ł	3. SEX		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1			D. T. I.T. (D)	MONTH		74	MONTHS DAYS HOURS MIN.
d	7n - Def	EMALI			13, 1909	9 BALTIMORE CITY OR COUNT	Y OF DEATH
ř		OUNTRY)		MARRIEI	XX X EVER MARRIED		
1	2,	MARYLAND	US.	A WIDOWE		BALTIMORE CO	UNTY MD.
4	W. CI	TY OR TOWN OF DEATH		H FACILITY, GIVE STREET ADDRESS)	OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING L	
		RANDALLSTOWN		ORE COUNTY GEN	, HOSPITAL	HOUSEWIFE	AT HOME
1	13a. S	TATE 13h	COUNTY	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS A	PT. 509
4		MARYLAND	MONTGOMERY	SILVER SPRING		1316 FENWICK L	A. 20910
7	14. FA	THER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST
1		LOUIS	MIDDAL	KAMINSKY	YETTA	Mode	UNKNOWN
П	16a. W	AS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17 INFORMANT HAF	ROLD AUSTERESS AP	Γ. 509
4	(Y	ES NO OR UNKNOWN) (II	F YES, GIVE WAR OR DATES)	214-68-1763	1316 FENWICK	K LA. SILVER S	SPRING, MD 20910
1		18 CAUSE OF DEATH	nter only one cause per	line for (a) (b) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS	CAUSED BY:	MYOCAI	2DIAL IN	CARUTION	
1		7100 M	MEDIATE CAUSE (a)				
		Carallelan of an all		AS A CONSEQUENCE OF	ROTTE CAR	2010 VASCULAR	
		Conditions, if any, wl gave rise to immed	iate	The teres of the	7-10 01	DISEASE	
1			the DUETO, OF	R AS A CONSEQUENCE OF			
J	MY		(c)				
-	z	PART 2. OTHER SIGNIFI	DIABETCS	MELLIT		AINAL DISEASE OR CONDITION GI	VEN IN PART Tra
	CERTIFICATION	19a, DATE OF OPERATION	D 1111	TION FOR WHICH OPERATIO		20a. AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
1	FIC	190. DATE OF OPERATION	176 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?
	RT		YING 7 21b. TIME O	FINITION	11. HOW INDIDEN OCCUPA		ES NO
1		21a. ACCIDENT WAS UNDERLY	440440 4	M. MONTH DAY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2]
	CA	(IF EITHER, NOTIFY MEDICAL	EXAMINER) P.J				
	MEDICAL	21d. INJURY OCCURRED	LAT HOME STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	~	WHILE NOT WHILE AT WORK					
1		22a I certify that M (thi	April 1	10 1 21 11	13/ 19 13	10 7/11	, 19 , that W (we) last
		saw the deceased of above, (1) (we) (did)	(did of) view the body	ofter death.	nd that in (pry) (our) opinion	death accurred on the date and ha	ur and from the causes stated
		226. SIGNATURE	11	1	DEGREE		22c. DATE SIGNED
		Carpore	Riman	morne 11.1	3. B. S. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17/11/03
		224. PHYSICIAN'S NAME			220 ADDRESS Ball	immer Countie	Gen /tiss.
		A.K. CI	HOPRA		Rand	allstown Md :	2/1/33
	23a B	URIAL, CREMATION, REA	MOVAL 23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
		SPECIFY) BURIAL	JULY 1			BALTIMORE	MADVI AND
	24 FL	INERAL DIRECTOR	SOL LEVINGO	3,1983 BNAI I N & BROS., INC	SKAEL.	TE REC'D. BY REGISTRAR 25b. PEO IS	TRAR'S SIGNATURE
		6010 REISTER	DOD DEVINOU	PAITO ME		111 1 8 1082 5	and tobull
		OOTO KEIGLEI	KOTOMN KD.	DALIU., MD	21215	OF 7 0 1905	

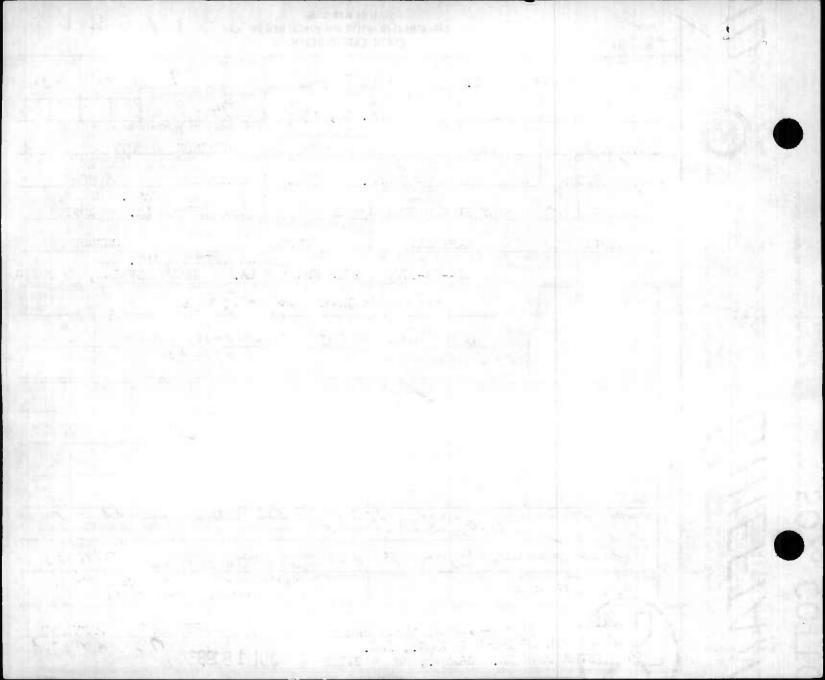
DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove carbompopers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the



•	oth. Page 4 may b	72 had of mass	
ARYLAND 21201	within 24 hours ofter dec	plerely filled in by the fund ad 2 should be filed within	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral at should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 min. After the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumotic event, the medical examiner must be patified at ance
ECORDS, 201 W. PRESI	ow requires that the dec	been signed by the otter mit. Then please remove prior to burial, cremotion	ony injury, or other traur
DIVISION OF VITAL RI	DING PHYSICIAN: The la	After this certificate has e as the burial-transit per olth and Mental Hygiene	norked or them 18 shows
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The Interior of by the hospital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	MPORTANT: If Item 21 is n

OR ATE GISTRAR	DEPAR	STATE OF MARYLA TMENT OF HEALTH AND M CERTIFICATE OF DI	ENTAL HYGIENE	
SED NAME	FIRST	MIDDLE	LAST	2a. DAT

			_			-
CERTIFICATE OF DEATH	RE	EG. NO.				
RTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH	0	1	/	3	6	E.
STATE OF MARYLAND			~7	-	7	0

REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO).			
DECEASED NAME	FIRST	7	AIDDLE	1	LAST		2a. DATE OF		нтиом	OAY YEAR	26 HOUR	?
(TYPE OR PRINT)	Ollie		Ξ.	Avar	itt, S	Sr.		7	20	6 83	630	AM
. SEX		4 RACE		5. DATE C		YEAR	6 AGE IN YE	ARS LAST BIRT	HDAY)	MONTHS DAY		24 HRS
Male		White		- 3	7	1902		81	YRS.			pot II 4
O. BIRTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	-XI NEVED	MARRIED -	9. BALTIMO	RE CITY OF	COUNT	Y OF DEATH		17
rennessee		U.S.A		WIDOWE		NORCED	Balt	imor	e Co	unty		MD.
O. CITY OR TOWN OF D	EATH	11. NAME OF	OSPITAL, NURSIN	G HOME C			120 USUAL C	CCUPATIO	N	126. KIND	OF BUSINES	
Dundalk		403 W	ise Ave	nue			Machi			Bet		tee1
JOUAL RESIDENCE (IF NO	JRSING HOME OF		134. CITY OR TOW		13d INSIDE	CITY LIMITS?	13e. STREET A	ADDRESS				
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4 FATHER'S NAME	1133	MIDDLE	1261		IS. MOTHER	'S MAIDEN NA	ME	MIDDLE			ACT	
Jefferson	Da	vis	Avarit	t	Bla	inche		MIDDLE		Lis	h	
60 WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDRE	ss 403		Aver	nue
NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	213-07-	-8714	Mami	ie Avai	ritt		Bal	to.,		2122
	mmediate iting the use last	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E	ENCE OF	7 CU	D TO THE TERM	des.	ORCONE	(DITION GI	VEN IN PART	lia:	
190 DATE OF OPER	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	NOU	IN CERTI	S, WERE FINE FYING CAUS		
OR CONTRIBUTING L	CAUSE OF DE	P. PLACE	M. MONTH DA	19	21c. HOW I				Y IN ITEM IB		}	ATE
270.1 certify that saw the dece	ased alive	ital) attended th	e_deceased from_	<u>ç</u> 3 , .	DEGREE	, 19 (our) opinion ATTENDING PHYSICIAN	MEDICAL	STAF	F	ur and from t	E SIGNED	
22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)	R. S. Mario		22e ADDRE	SS	1	d		Gall	2 1. 0	2.22 V
		Gottli	eb. Mii	The same of the sa	1 / 1 (/)	1.1 4 66	L D >	1/1	n 0	MI	· May	

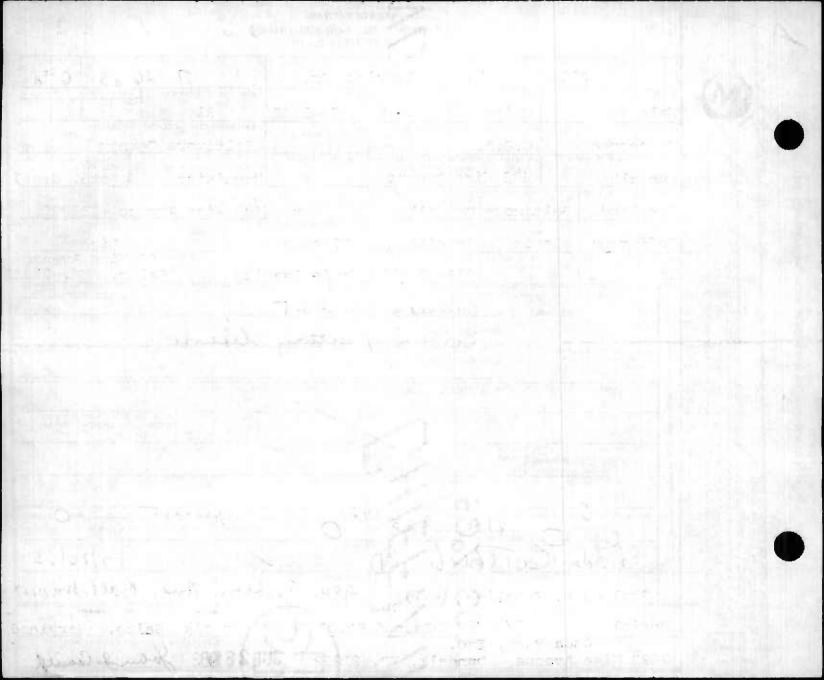
230 BURIAL, CREMATION
Burial Burial 7/28/1983 Sacred Ht.Of Jesus Dundalk Balto. Maryland

7/28/1983 Sacred Ht.Of Jesus Dundalk Balto. Maryland

14 FUNERAL DIRECTOR DUDGA-Ruck, Inc.

7922 Wise Avenue Dundalk, MD. 21222 JUL 28 1833

DHMH - 16 50M 4/82 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be

and completely filled in ond 2 st

injury, or other troumotic event, the medico

STATE OF MARYLAND

STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	REG. NO	1/323
PE OR PRINT) WIL	IAM MODIE	AYMOLD JR AYMOLD JR	20. DATE OLDGATH2	07 20 83 4.15 p.
M	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 12 - 25-1918	6. AGE (IN YEARS LAST BIR	MONTHS DATS HOURS MIN.
BIRTHPLACE (STATEORFOREIGN ARYLAND	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Tows	
TOWSON	ST. JOSEP		STATE CAN	
UAL RESIDENCE (IF NURSING HOME OF STATE 13b. COL		OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 8757 OL	D HARFORD Rd
FATHER'S NAME WILLIAM L	MIDOLE AYMOLD,	SR. SR. FIRST	ARAH	KENNEDY
WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE SIVE WAR OR DATES)	9-2779 Hr. Julia	aymold-	8757 Old Harford
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	DUE TO, OR AS CANCE	FRICEOROSTATE New Prostate	wes i	
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
196 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO □	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN			IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
sow the degeosed olive	pital) attended the deceased from 07, 20 19		n death occurred on the d	19 3, that (I) (we) lo ote and hour and from the couses stated
226. SIGNATURE	d.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 7.20,82
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS	h Nosa	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and co should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT, If them 21 is morked or them 18 shows any retained by the hospital ar attending physician 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL BP.

7-23-83

PARKWOOD CEM.

23d. LOCATION
CITY OF TOWN
LTO

7524 Harford Rd

250 DATE RECD. BY REGISTRAR 256 REGISTRAR

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND

FOR STATE REGISTRAR			IEALTH AND MENTAL HY	GENE 3	7	5 2	4
1. DECEASED NAME FIRST	MIDDLE		AST	26. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
Willie	De	an Bac	ldens		7 09	83	2:55 %
3. SEX	4. RACE	5. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
Female	Caucasi	an Apri		76	YRS	NIHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT	COUNTRY? 8.	D INEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
Virginia	U.S.A		_	Balto.	Count	У	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE)	INDUSTRY	OF BUSINESS OR
Towson	St Jose		cal	Homema	ker	Но	ome
SUAL RESIDENCE IF NURSING HOME COU	NTY 13c. C	SIDENCE BEFORE ADMISSION) ITY OR TOWN Lite Hall	13d. INSIDE CITY LIMITS?	134 STREET ADDRESS 4618 Jol	lv Acı	2/	Road
14 FATHER'S NAME			15 MOTHER'S MAIDEN NA				
Frank	MIDDLE	wett	Bessie	Deligh	t s	Spark	is is
160 WAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO.	17 INFORMANT	ADDRE			110
YES, NO OR UNKNOWN) (IF YES, G	IVE WAN OR DATES)	20-24-6909	Milford A	. Badders	C C	ame a	s abov
Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF	IL CARDIOUR	ASCULAR DY	const		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	o
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
OR COLUMN TO CALLER OF THE			21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	LY IN ITEM 18 PART	1 OR PART 2)	
THE STATE OF CONTINUOUS OF DESCRIPTION OF CAUSE OF DESCRIPTION OF CONTINUOUS OF DESCRIPTION OF CONTINUOUS OF DESCRIPTION OF CONTINUOUS OF DESCRIPTION OF CAUSE OF	21e. PLACE OF IN.	JURY ETORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
220.1 certify that (I) (this hasp aw the decoursed alive a above (I) we (did) (did n	The Act of	C 7	nd that in (my) (our) opinion	to 7/9	te and hour a		that (1) we) last couses stated
ALL SHOWER STORE	Con	In .	ATTENDING PHYSICIAN	MEDICAL STAI		Th. DATE	9/8 3
THE PHYSICIAN'S NAME THE	779-01		77% ADDRESS			11	1 A

DHMH - 16 50M 4/82 (VRA 15, 4)

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APORTANT, IF IN

The BURIAL CREMATION, REMOVAE 23b DATE Burial

Meth. Cem. 231. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

24 FUNERAL DIRECTOR Gladden Kurtz

Jarrettsville,

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYOUNE

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3		20	dice	-

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINT) Iriscilla ail ey LACK 4 RACE X 56 L 5 DATE OF BIRTH DEC 3. 1896 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR DAY MhighE LEWIALE 96 IRTHPLACE | STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. A. Baltimore Court marinari WIDOWED DIVORCED | O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12st USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PIKESVILLE PIKESVIllE Nursing CENTER VARIETY STORE CIETY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS~ 414 South BACKES MATTARIA Harford Co. BEL HAT YES X NO T FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Schwartz LPVEZEY WALL ROBET MINTE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN(Genordaughte) 879-245 BDRESS YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 414 South BATNES STREET 218-28-8650 A Miss GEORGIA L. BASIEU NO Total Air Maryland 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Carelrovascular Disease IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Cardovascular Disary Canditians, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [7 In ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.l certify that (1) (this hospital) attached the deceased from. 14 19 3 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on the bady after death 22h, SIGNATURE DEGREE 22¢ DATE SIGNED 7-29 83 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS L. Glick 0219 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY POUCIA! Mt. Zow in Etc, Ch, Cometer August 1, 1983 Bed the Horrford Co, MARyland 21015 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE W. Brondway & Willams sty

BEI Hir MARyland 21014

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

2 5 6

250 DATE REC'D. BY REGISTRAR 255 PEGISTRAR'S SIGNATURE

271983

1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	40.	J 6.	0
(TYPE	CEASED NAME	FIRST .	AN	AIDOLE	13:	AKer	20. DATE OF DEATH	7 24	183	26 HOUR 8 56 M
3. SE	Femal	2 1	RACE	ite	5. DATE C		6. AGE (IN YEARS LAST B		UNDER I YEAR	HOURS MIN,
	RTHPLACE (STATE OR F		USA	WHAT COUNTRY?	8. MARRIE WIDOWE	0300	9. BALTIMORE CITY Balt	or county of		MD.
	WSON 21204	TH 1		HOSPITAL, NURSIN HACILITY, GIVE STREET Care Ru		DR OTHER INSTITUTION	HOUSEWITE	OF WORKING LIFE)	126. KIND OF	F BUSINESS OR
130.5	AL RESIDENCE (IF NURS STATE ryland	136_COUNT		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130. STREET ARREST	on Rd.	.21	
14. F/	ATHER'S NAME FIRST James	Clint	on Jor	nes LAST		Jenny Do	A IDD I F		(AST	
	VAS DECEASED EVER YES, NO ∰ (ONKNOWN)		ED FORCES? WAR OR DATES)	212 01 9	188	Beverly M. K	idd Daughte		orton	Rd.
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse PART 2 OTHER SIGN PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UND OR CONTRIBUTING COURT WHILE NOT WHAT WORK NOT WHAT WORK AT WOLL 170. Certify that (1)	DERLYING CALEXAMINER) RED AUGUST.	DUE TO, OI 1b) DUE TO, OI (c) PUBLIC 19b. CONDI 21b. TIME O HOUR A. 71a PLACE (AT HOME, STR	FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR!	Gaston 200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES [VERE FINDIN NG CAUSES 1 OR PART 2) COUNTY	e feeding
	sow the deceose obove 27th SIGNATURE 22th PHYSICIAN'S NA	AME (TYPE OR	Arra (THIR)			d that in (M) (our) opinion DEGREE ATTENDING PHYSICIAN 278. ADDRESS		AFF	22c. DATE S	
23a. 1	BURIAL CREMATION,		111-7/28/	ルメ 83 ぱ む	NAME OF C	emetery or crematory of Paith Ceme	23d LOCATION tery city dept	imore O	Sunty Md	STATE

1407 Old Eastern Ave

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the haspital or ottending physician.

the modern and the second of t The state of the s Andrea Co., to the second of the second seco Supervision of the first of the sacres are july 27 863 Acres Course

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

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'	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	-
	DECEASED NAME FIRST	1 = 0 m	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
		LIAM MERI	RILL BAKE	R		July 14,	1983	7 A
3. 5	M M	4. RACE		June		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HR
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana		WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		TH A
10	CITY OR TOWN OF DEATH Towson	(IF NOT IN SUI	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Worthing	ADDRESS)	oad	120 USUAL OCCUPATION OF COMMENT OF WORK FOR MOST CO. ASS. to P	OF WORKING LIFE) INDUS	of BUSINESS C STRY Stor Partment
	UAL RESIDENCE (IF NURSING HOM STATE 136 CC Md. Ba	e or other institution ounty altimore	136. CITY OR TOW TOWSON	'N	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 316 Wort	hington Ro	ad 21204
14.	FATHER'S NAME Chester A	Arthur Bal	ker		15. MOTHER'S MAIDEN NA	June Wyson	ıg	LAST
160	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES Yes	ARMED FORCES? GIVE WAR OR DATES) WW II	166 SOCIAL SECU 215 09 2		Mrs. Mary E.	Baker 316		on Rd04
NO		DUE TO, O	OR AS A CONSEQUE		NOT RELATED TO THE TERM	winal disease or con	DITION GIVEN IN PAI	RT 1(o)
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION			ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI		
	OR CONTRIBUTION CAUSE OF	F DEATH HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21¢ HOW INJURY OCCUR	1 - 1-1		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	TWHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE					TY STATE	
	220.1 certify that (1) (this has sow the deceased alive above, (1) we) (did) (did)		1107	83	nd that in (my) (our) apinion	death occurred on the de	ote and hour and from	the the the
	27b. SIGNATURE Davis	m	7fehr	_ /		MEDICAL STAI		DATESIGNED 7/14/3
	22d. PHYSICIAN'S NAME (IT	M +	tahn		5301 Los	ch Rave	n Blud	21239

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed

(VRA 15, 4)

MAPORTANT, If them 21 is

Cremation 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

MITCHELL-WIEDEFELD HOME, INC.

23b. DATE

7/15/83

6500 York Rd.

230 NAME OF CEMETERY OR CREMATORY

Green Mount Cemetery

Baltimore, Md.

23d. LOCATION

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STATE OF MARYLAND

Taryland

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Retired dock master Mi. Pry Dolland

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E English Aur 3, 1933 Loudon Park

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather troumotic event, the

MPORTANT: If hem 21 is marked or hem 18 shaws any

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FOR - STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGINGE	
CERTIFICATE OF DEATH	

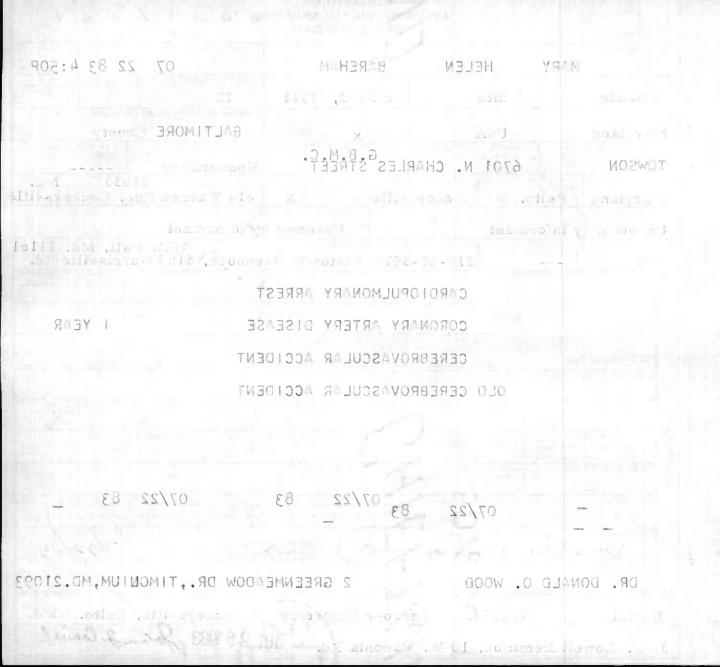
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REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO.			
1. DECEASED NAME	FIRST		MIDDLE	- 1	AST	28. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	MARY	HI	ELEN	BA	REHAM		07	22	83	4:50P M
3. SEX		. RACE		5 DATE C		6. AGE (IN YEARS LAST 8	RTHDAY)		ER I VEAR	IF UNDER 24 HRS
Female		White		Ma	y 3, 1911	72	YRS		DATS	HOURS MIN.
TO BIRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF D	EATH	
Maryland		USA	1	WIDOWE	DIM DIVORCED	BALTIM	ORE	Cour	nty	MD.
10. CITY OR TOWN OF	DEATH	1. NAME OF	HOSPITAL, NURS	ING HOME	ROTHER INSTITUTION	128 USUAL OCCUPA			KIND C	OF BUSINESS OR
TOWSON	91.74	6701	N. CHA	RLES	STREET	Homemal		, (11 6)		
USUAL RESIDENCE IFF	13b COUN		GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	7	2103	0	Md.
Maryland	Balt		Cockey			814 War	ren R	d.,	Coc	ckeysvill
14 FATHER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			LA!	ST
Unknown					Unknown l	by informa				
160 WAS DECEASED EN	ER IN U.S. ARM	NED FORCES?	166 SOCIAL SEC		17. INFORMANT	ADD	White	Hall	, N	fd. 2116
No or unknown		WAR OR DATES)	218-46	-3975	Elaine B. Is	sennock, 4	168 N	Vorr	isvi	lle Rd.
18 CAUSE OF DE	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) 1							BETWEEN	ONSET AND DEATH	
PART I. DEAT	PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST									
4140	4149 DUE TO, OR AS A CONSEQUENCE OF						3.1			
	ions, if any, which ((b) CORONARY ARTERY DISEASE						1 Y	EAR		
gave rise to cause (a), st	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
underlying co	underlying cause last. (c) CEREBR			ROVAS	CULAR ACCID	ENT				
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
Ő.	OLD CEREBROVASCULAR ACCIDENT									
19a DATE OF OPE	RATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20s AUTOPSY?				NGS USED OF DEATH?
F						YES NO		YES 🗌		NO 🗆
		HOUR A.		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM 1	8 PART I OF	RPART 2)	
(IF EITHER, NOTIFY A	AEDICAL EXAMINER)	P.	M.	19						
OR CONTRIBUTING (IF EITHER, NOTIFY A 21d, INJURY OCC		21e PLACE	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	216. LOCATION STREET	CITY OR 1	OWN	cc	YINUC	STATE
WHILE NO	WORK D				100		~ /~		-	
220 I certify that		al) attended th	e deceased fram	X 3	1/22 1903	, ta	31/2	4 . 19 _0	-	that (I) (we) last
abave, (1) (w	eased alive an _ e) (did) (did nat	view the bady	after deoth.	, 01	nd that in (my) (aur) apinion	death accurred on the	date and h			1
226. SIQNATURE	226. SIQUATURE			7	DEGREE	ALEDICAL ST	AEE	7	It DATE	SIGNED
low	ald	Ou-	-ca	m		MEDICAL ST.	ICIAN [12	2/83
22d. PHYSICIAN'S		PRINT)		88. TO	220 ADDRESS			1		/
DR. D	ONALD	0. WO	OD		2 GREENME	ADOW DR.	, TIM	ONIU	IM, M	ID.2109
238. BURIAL, CREMATIC	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COLIN	NTY_	_ STATE
Burial		7/25/	83 J	essop	s Cemetery	Cockey	sville	e, Ba	alto	. Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital ar attending physician.

24 FUNERAL DIRECTOR
J. E. LOW Lowell Lemmon, 10 W. Padonia Rd.



and completely filled in by the f

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely is should be detached for use as the burial-transit permit. Then please remove corbangopers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

injury, or other troumotic event, th

IMPORTANT: If them 21 is morked or them 18 stows ony

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17530

	FOR STATE REGISTRAR	/ 5 3 0			
	1. DECEASED NAME FIRST	MIDDLE	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
17.74	[TYPE OR PRINT]	ZABETH J.	BARRY	July 5, 1983	/
1	1 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Female	White	Dec. 26, 1916	66 yrs	MONTHS DAYS HOURS MIN.
d	O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUN	
9	COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED NOT DIVORCED	Baltimore (County MD.
-	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
1	Towson	207 Allegheny		Homemaker	Own Home
ď	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	13e STREET ADDRESS	
À	100 000	timore Tows		207 Allegheny	Ave. 21204
1	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		
b	John M	arshall Jones	, Sr. Jeanet	te S	hriver last
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
	No	215 10	6232 John M.	Jønes, Jr.,	Balto, MD
		only one couse per line for the but	nd/	Id. at	BELIMEN ONSET AND DEAL
	PART I. DEATH WAS CAUS	ATE CAUSE (o)	ancer of 7	ung	Morths
	1627	DUE TO, OR AS A CONSEQU	JENCE OF		
	Conditions, if ony, which	((b)	<u> </u>		
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
	underlying couse lost.	(c)			
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
)	5 190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
_	RTIE	57 AN 7005 OF BURDY	Tal- Howell was a series	YES NO X	YES NO
	OR COLUMNIA CLUMP OF D		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	(B PART OR PART 2)
	GRECONTRIBUTING CAUSE OF D GIF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED		19		
	216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK		1. 07 51	3 Steller 5	73
	sow the deceased place of	moli oranded the decelling from	V ed	n death accurred by the date and I	hour and results could be taken
	22b. SIGNATURE	not and the body after death	/DEGREE	de de die die die die die die die die di	70. DATESIGNED
		TABLE		MEDICAL STAFF DIRECTOR PHYSICIAN	71/163
_	22d. PHYSICIAN SNAME CTYPE	all the state of the	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	1/6/1
		11			lin
		G. Helfpich, N		and Ave., Balto	o., MD/
	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY Druid Ridge	CITY OR TOWN	COUNTY STATE
	Burial 14 FUNERAL DIRECTOR Hon	7/8/83		Pikesville . ATE REC'D. BY REGISTRAR 25b. REG	
1	NAME HEN	nry W. Jenkins	& Sons Co.	TE REC D. DI REGISTRANTON REC	DINAN S SIGNATURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the hospital or attending physician

4905 York Road

Balto., MD

21212

The state of the s Son Howell Services where I the long the long the means No. Ealtinore Towns X LT Lenn vs. 1200 John Mandell Johns, Sc. Jeanette Sinciparies of elette to Eco John M. John J., Elette I Str. William D. Francish, M.F. Spice Edited Str., Duto., Str. The state of the s Tank to the same Co.

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Item 1, Film#G584 - 1- STATE 10-25-83jlb STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER CERTIFICATE OF DEATH REGISTRAR REG. NO July 25, 1983 2b. HOUR I. DECEASED NAME George Harry Gilbert 6:45am BAUGHER LITYPE OR PRINT & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS MONTH 1920 MALE WHITE 6 20 63 To BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County SPARROWS PT., MD U.S.A. WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR 120 STRATGHTOLIT (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY ROSSVILLE FRANKLIN SOUARE HOSPITAL **OPERATOR** STEEL MEGR. 13e STREET ADDRESS 13a STATE 136. COUNTY 134. INSIDE CITY LIMITS? 13c CITY OR TOWN MARYL AND BALTIMORE PERRY HALL YES [NO 🔯 9007 FIELDCHAT RD. 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE MIDDLE ERNEST NEWTON BAUGHER RUBY I fo. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) YES WW TI 219.16.6308 BAUGHER (same as 13e) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O. Conditions, if ony, which gove rise to immediate couse (o), stoting the utic tornay artery his underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 01 104 AUTOPSY 204 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION N CERTIFYING CAUSES OF DEATH? NOT YES T NO F 218. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 714. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 12c DATESIGNE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Paul Koukoulas, M.D. 1708 DUNDALK AVE. 21222 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL CITY OF TOWN Burial 7/28/83 Gardens of Faith Rosedale

DHMH - 16 50M 4/82 (VRA 15, 4)

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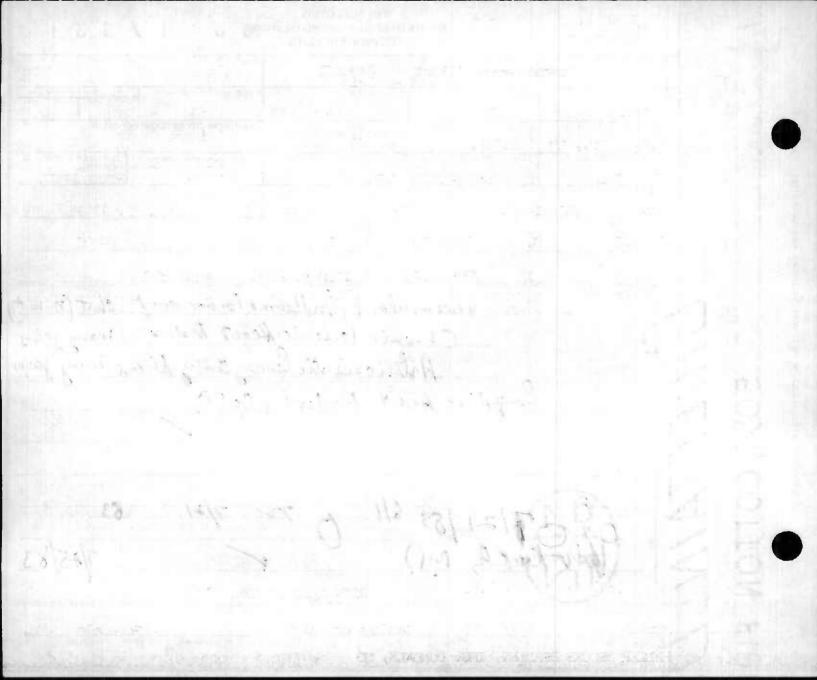
24 FUNERAL DIRECTOR

80

WALTER BROOKS BRADLEY, INC. DUNDALK, MD

UG 1 1983 Tales

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

INDUSTRY

WINDMAN

RETAIL

CERTIFICATE OF DEATH

- STATE REGISTRAR 2a. DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) HARRY BAZENSKY JULY 19, 1983 10:50AM 4. RACE 5. DATE OF BIRTH 3. SEX IF UNDER ! YEAR MALE WHITE FEBRUARY 28,1911 72 To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWEDXX BALTIMORE COUNTY DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF NURSING 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR

NEW JEWISH CONVALESCENT & BALTIMORE USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION

MARYLAND

14. FATHER'S NAME

CERTIFICATION

00

MPORTANT

the p

13c. CITY OR TOWN BALTIMORE BALTIMORE

13d. INSIDE CITY LIMITS? NOXX 15. MOTHER'S MAIDEN NAME ROSA

HOME

13e. STREET ADDRESS 6810 OLD PIMLICO RD. 21209

MIDDLE BAZENSKY ABRAHAM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO.

(IF YES, GIVE WAR OR DATES)

212-12-1090A

17 INFORMANT ADDRESS MR. ALLEN BAZENSKY 6810 OLD PIMLICO RD.

MIDDLE

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MERCHANT

APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: minuelos IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ASCUB ears Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

9a DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [

210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE

CITY OF TOWN

(my) (aur) apinion death accurred an the date and haur and from the causes stated

226. SIGNATURE

220.1 certify that (1) this haspital) attended the deceased fram

MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

3635 Old Court

S. H. MALINOW 23a BURIAL, CREMATION, REMOVAL 23b. DATE

224. PHYSICIAN'S NAME (TYPE OR PRINT)

BURIAL

23c. NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO CEM

and that

22c. DATE SIGNED

74 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC.

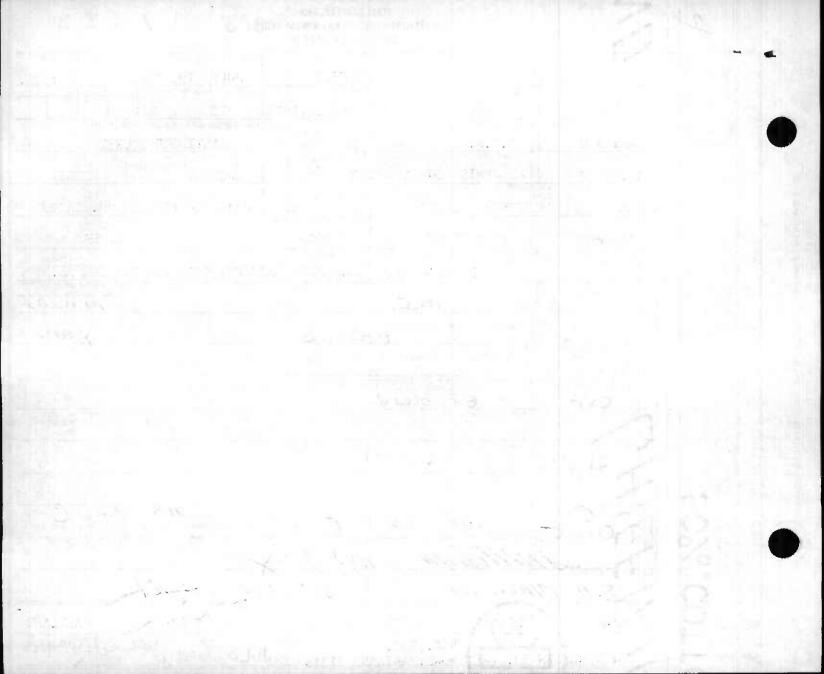
7/21/83

6010 REISTERSTOWN RD. BALTIMORE.MARYLAND 21215

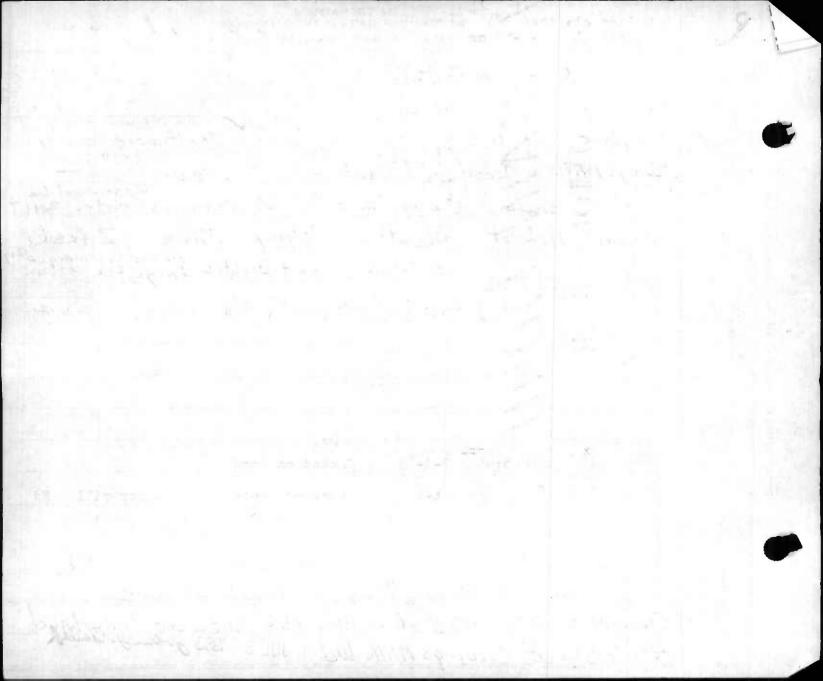
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNAT

STATE

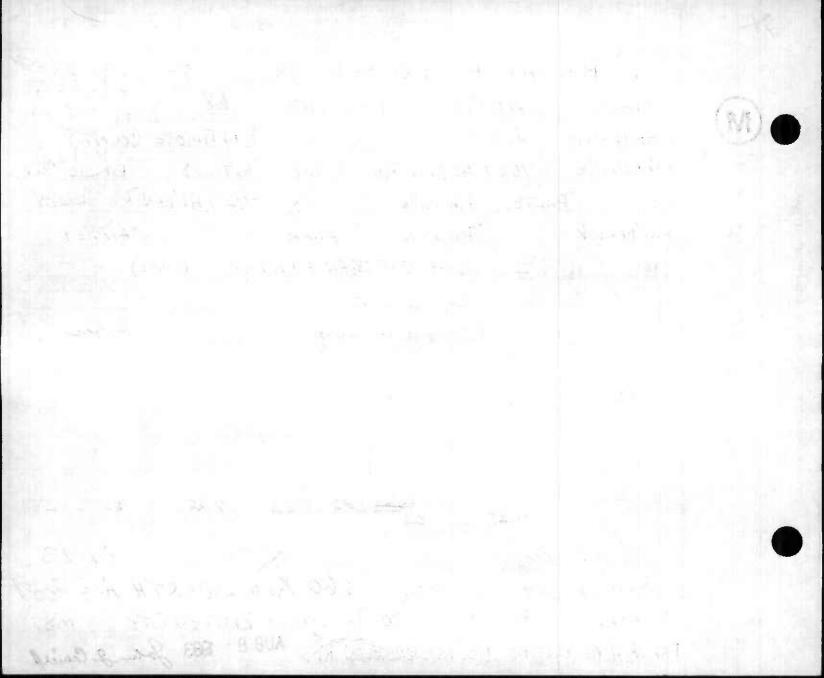
DHMH - 16 50M 4/82 (VRA 15, 4)



2	1	FOR Item 21a thru		TE OF MARYLAND HEALTH AND MENTAL HYGIE	ENE 1 7 %	7 7
2	1-	STATE Film 582 8-2-	-83 MEDICAL EXAMIN	ER'S CERTIFICATE OF DE		0 0
		CEASED NAME FIRST	WIDDIE	LAST	70. DATE KNOWN MONT	H DAY YEAR 26 HOUR
E SEE SEE	3. SE	LA RACE IS DA	ann Beatel	RS IF UNDER 1 YR. IF UNDER 24 HR	DEATH MATED	3 1983 3 42 M
STATE OF STA	F	alalist to MO		Y) MONTHS DAYS HOURS MIN.	S. 7c. DATE MONTE	TO THE TOTAL THE
			ITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	
2200	12	PAryland	U.S.A.	WIDOWED DIVORCED	BAltimore	County MD
2世紀2月	0	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME FNOT IN SUCH FACILITY, GIVE STREET MORESSI ROSCWOOD		USUAL OCCUPATION (TYPE OF WOR OR MOST OF WORKING LIFE)	OR INDUSTRY
ANN OF SERVICE	13c, S	L RESIDENCE (IF IN NURSING HOME OR OTHE		ON)	NONE ROS	rewood LA.
A ME SOO		md. BAlt	o. Owings	Mills YES NO D	Rosewood Ce	uter 21117
FOND STA	14 F/	THER'S NAME	DIE + BLAST 1+	15 MOTHER'S MAIDEN NA	MIDDLE	ZIAST L'
FORM FORM ON OF	16a \	VAS DECEASED EVER IN U. S. ARMED F ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OF	ORCES? 166 SOCIAL SECURITY	NO. 17. INFORMANT	JANE	CACOLI DE
JRS AFTER I S. GIVE PA(WITH FOR)		10 (IF TES, GIVE WAR OF	1 - 1 7/ /	165 John A. Bec	lifeL Largo, F	14 33544
		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	cause per line far (a), (b), and (c).)	1 20 0-00-1	, el	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IN 24 HO IN ITEM I ? ALONG ISIT PERMI HYGIENE, MOVAL.	7	9110 IMMEDIATE CAI	DUE TO, OR AS A CONSEQUENCE O	OF MEN HIGH ST	146	70 Allegan
	-	Conditions, if any, which gove rise to immediate	(b)			
KECUTED WITHIGH, IN PENCIL AL EXAMINER BURIAL-TRAN AND MENTAL ATION, OR RE		couse (a) stating the <u>under</u> - lying couse last.	DUE TO, OR AS A CONSEQUENCE C)F		
BE EXECUTE ENDING" IN P WEDICAL EXA AS A BURIAL ALTH AND MI CREMATION,		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRI	(c)	NAL DISEASE OR CONDITION GIVEN IN PART 1 0		
	CERTIFICATION	190 DATE OF OPERATION	Tin confinition to a willight one	AZIONI WAS DERFORMEDO		
HOULD WSED OF HE	IFICA	THE DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		YES NO
CRITIFICATE SHOUL TING THE WORD "F DED TO THE CHIEF DED TO THE CHIEF AS SHOULD BE USED DEPARTMENT OF H PROR TO BURIAL		216 EXTERNAL CAUSE WAS UNDERLYING FOR	216. TIME OF INJURY HOUR AM MONTH DAY YEAR	21¢ HOW INJURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM 18 PART I OR	
RTIFICATI NG THE V SHOULD PARTMEI	MEDICAL	CONTRIBUTING CAUSE OF DEATH		Choked on food	d	
VRITIN VRITIN VRITIN CGE 3 VIE DE 201 P	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) Hospital	STREET Rosewood cent		mill Md
F.38860			ne remains described above, held an	Autopsy , Inspection	, Inquiry , ond in my	
HE FOR		death resulted from: Notural cau	ses , Accident . Sui		determined manner .	
X8522>3		ACTUAL SAME	Thomas	TITLE (SPECIFY)	DAT	1 ables
DICAL 1 SHOUL 1 SHOUL NERAL DEATH OPE A	-	EXAMINET'S NAME	fill w		EDICAL EXAMINER SIG	NED TOPE
EXECUTE PAGE IN THE BALLING MAINTENANCE IN THE B		TYPE OR PRINT) STANLE	20 Gelderberg III	ADDRESS // Ex C	Muse 18 21267	
BP 4	236.6	URIAL CREMATION, REMOVAL 236 DA	46 1983 WAGE OF CEN	Wew Park B	TYPOR JOHN	DUNTY STATE
DHMH - 17	24 F	INGRAL DIRECTOR	POPRESS IN A		BY REGISTRAR WAS RESISTRAD	Silvano A
(VR A15 ME (5)) 15M 2/80		7- Echelent	Owings Mil	is, ma juli	9	



- 1	1		STATE OF MAI	RYLAND	40%	4 900 1
74	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH A CERTIFICATE O		REG. NO.	5 3 4
page 3		CEASED NAME FIRST ROLA	ND F. BECKEP	R SR.	OF DEATH MONTH DAY 7 - 30 -	
		MALE	WHITE 6-2-	1915	68 YRS WOR	THE DATE HOURS MIN,
	N	ARYLAND	MARRIED NEV	DIVORCED BA	LTIMORE C	OUNTY MD.
by th	P C	IKESVILLE	1. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS)	(PURE OF WO	ORK FOR MOST OF WORKING LIFE!	IZE KIND OF BUSINESS OR INDUSTRY CIVIL EXE, SEC. SER
in 24 hours thed in thousand be	13a. S	D. BAL	TO, PIKESVILE YES [NO X 702	T ADDRESS,	Rb 21208
ompletel	F	REDERICK	BECKER	HER'S MAIDEN NAME ANNA		HIPLEY
be execution on ond of streets. S. Poges.	160 V	VAS DECEASED EVER IN U.S. ARA	ED FORCES? 166. SOCIAL SECURITY NO. 17 INFO MAR ORDATES) 216-44-3345 JoH	N G. BECKER	(SAME)	
deoth certificate ottending physici nove carbon poper otion, or removol. Iroumotic event, th		PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF	'NS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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on. hos been si t permit The ene prior to ows ony inju	CERTIFICATION	COPD-	HYDS HAY AN IS M CONDITION FOR WHICH OPERATION WAS PE		TOPSY? 206. IF YES, W	/ERE FINDINGS USED IG CAUSES OF DEATH?
Siciani 1 in physical certificale medithy hyporal		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	VINJURY OCCURRED (ENTER N		
oftending the three or the true the control or the true the control or the true the control or the true true to the true true the	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211 LOC 5	ATION TREET	CITY OR TOWN	COUNTY STATE
ATTENDIA upitol or CTOR A Hor ose of Health		22a I certify that (I) (this hospital sow the deceased alive on above, Mawe) Add) (did not)	7/28 1983 and that in (my) (our) opinion death occurr	7 AS 19_red on the dote and hour on	that (I) (I) (I) lost and I rom the couses stated
by the har of the har of the har of the har of the hard of the har		LUN IM	DEGREE		STAFF	8-1-83
to FUNE choose the		PICHCULD MI	AFFEZZOY 6	60 KENIL	WORTH	AUE 2K20;
BP	230 B	URIAL, CREMATION, REMOVAL SURIAL	8-2-1983 LOUDON PK.	CEMETERY BAI	LIMORE CITY	my tate
DHMH - 16 50M 1/81 (VRA 15, 4)	FR	ANK H. NEWELL;	INC. 1100 REISTERSTOWN	RS 250 AUG 8 BY	REGISTRAR 256 REGISTRAR	'S SIGNATURE



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

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STATE OF MARYLAND

ARTMENT OF HEALTH AND MENTAL HYGENE	30	5,1	11
CERTIFICATE OF DEATH		REG. NO.	

					STATE OF		Q. 76	1 7.	13. 3	5
1-	FOR STATE			DEPARTME	OF HEALT	H AND MENTAL HYG TE OF DEATH	IENE OU	1 1	200	
	REGISTRAR		54		CEKTIFICA	IE OF DEATH	RE	G. NO.		
	CEASED NAME	FIRST	MIDDLE		LAST		2a. DATE OF DEAT		DAY YEAR	26 HOUR
(ITPE	ORPRINT)	STELL	A A	,	BE CKE	R		6 0	3 '83	2:45A _M
3. SE:	X	4.	RACE		5. DATE OF BIR		6. AGE IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS
F	EMALE		WHITE		мортн	24° 11'7°	66	YRS	AONTHS DAYS	HOURS MIN.
		R FOREIGN 76	CITIZEN OF WHA	T COUNTRY?	101	WEVER WARRIES [7]	9. BALTIMORE CI			
M	ARYLAN	12	U.S. A.		WIDOWED [DIVORCED [BALTIN	10RE CO	UNTY	MD.
	ITY OR TOWN OF D	EATH 11	. NAME OF HOSE				12a. USUAL OCCU			F BUSINESS OR
T	OWSON		GBMC-67	OT N.	CHARLE	S ST.	HOUSE LA	OST OF WORKING LIFE	SEL	F
USU.	AL RESIDENCE (IF NU			RESIDENCE BEFORE A			In system and		100	
M	ARYLAND	PALT	0. 7	IKESVI/	E YE	INSIDE CITY LIMITS?	130 STREET ADDR	DEN R	D à	21208
14. F	THER'S NAME				15 A	AOTHER'S MAIDEN NA				
1	SADOR	E	GRY	GOLEN.	SKI	HELENA	WIDE	5	ZYBO	WSKI
	WAS DECEASED EVE			SOCIAL SECUR	TY NO. 17 1	NFORMANT	A	DDRESS	,	
(YES, HOOR UNKNOWN)	(IF YES GIVE W	/AR OR DATES) 21	6-10-0	964 1	POLAND F.	BECKER	SR, (.	SAME)	
	18 CAUSE OF DEA	TH (Enter only	one cause per line	for (a), (b), and	ic) I				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED		ERMINA	L META	ASTATIC O'	VARIAN (CA		
	100	IMMEDIATE	100							
	Conditions, if on	ur ruhiah	DUE TO, OR AG	RAMENE	GATIVE	ROD SER	TICEMIA		19.57	
	gove rise to in	nmediote	(b)							
	cause (a), star		DUE TO, OR AS	A CONSEQUEN	ICE OF				4-10	
			(c)							
z	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS CONTR	RIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVI	EN IN PART 1	0.
CERTIFICATION										
CA	190 DATE OF OPER	ATION	196. CONDITION	FOR WHICH C	PERATION WA	AS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
F			300	2342			YES NO	X YES	S 🗍	NO []
	21a. ACCIDENT WAS U	- Lund	216. TIME OF IN.	JURY MONTH DAY	VEAD 216	HOW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM 18 P	ART I OR PART 2)	
AL	OR CONTRIBUTING		P.M.	MOITH DAI	19					
MEDICAL	21d. INJURY OCCU		21e. PLACE OF IN		211.	LOCATION	C.13.V	OR TOWN	COUNTY	STATE
¥	WHILE NOT	WHILE	(AT HOME, STREET, F	ACTORY, OFFICE, FAR	M, ETC }	STREET	CIIV	OKTOWN	CO01411	SIMIE
	22a-1 certify that) attended the de	ceased from	5/30	19 83	6/C	13	1983	that (I) (we) last
	sow the deced	ased alive on_	- 6/03 view the body ofter	19 8	3 , and the	at in (my) (our) opinion	death occurred an t	the date and have	and from the	causes stated
	226. SIGNATURE	A A	new the dody offer	deoin.	DEGR	REE			22c. DATE	SIGNED
	(Init	a) f	aset		m	O ATTENDING	MEDICAL DIRECTOR PH	STAFF	1 6,	13/83
	22d. PHYSICIAN'S	NAME (TYPE OR P	RINT)		22e	ADDRESS			/	
10	ANITA	PATT,	M.D.		G	BMC-6701	N. CHARI	LES ST.		
23o (BURIAL, CREMATION	N, REMOVAL	23b DATE	230 NA	WE OF CEME	LERY OR CREMATORY	23d. LOCATION			

BP.

O HOSPITAL

retained by the hospital or attending physician

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

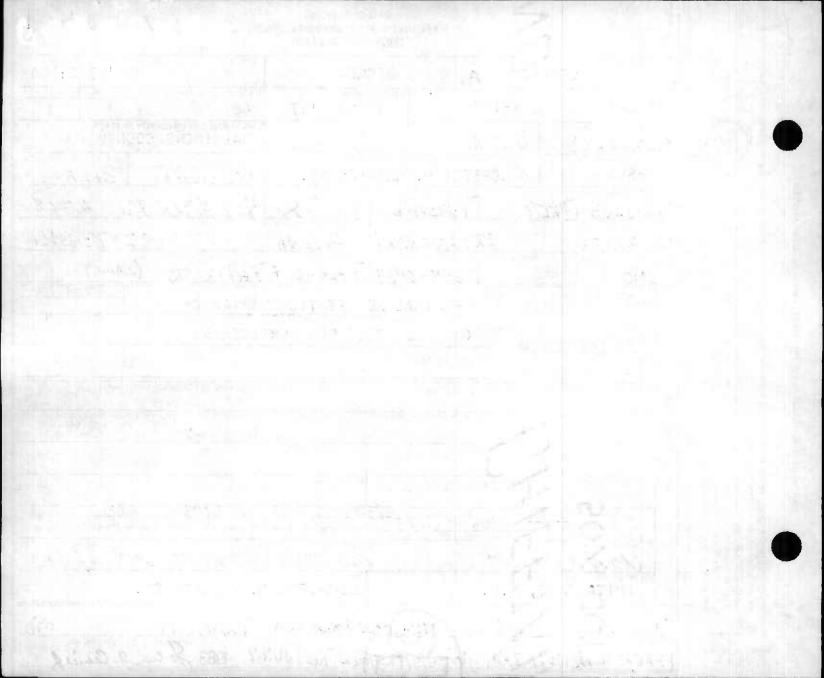
MPORTANT: If Hem 21 is marked at Hem 18 shows ony injury, at ather troumotic event, the

234 NAME OF CEMEJERY OR CREMATORY
LOU DON PARK CEM. B.
RESS JUN 7

COUNTY

BURIAL
24 FUNERAL DIRECTOR
FRANK H. NEWELL 1100REISTERSTOWN

1983



OR ATTENDING PHYSICIAN; The low requires that the death certificate be

retained by the hospital or ottending physicion.

TO HOSPITAL

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours oft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

r to burlal, cremotion, or removor. injury, or other troumatic event, the medical examiner

IMPORTANT: If them 21 is marked or them 18 shows ony

must be advissed of once.

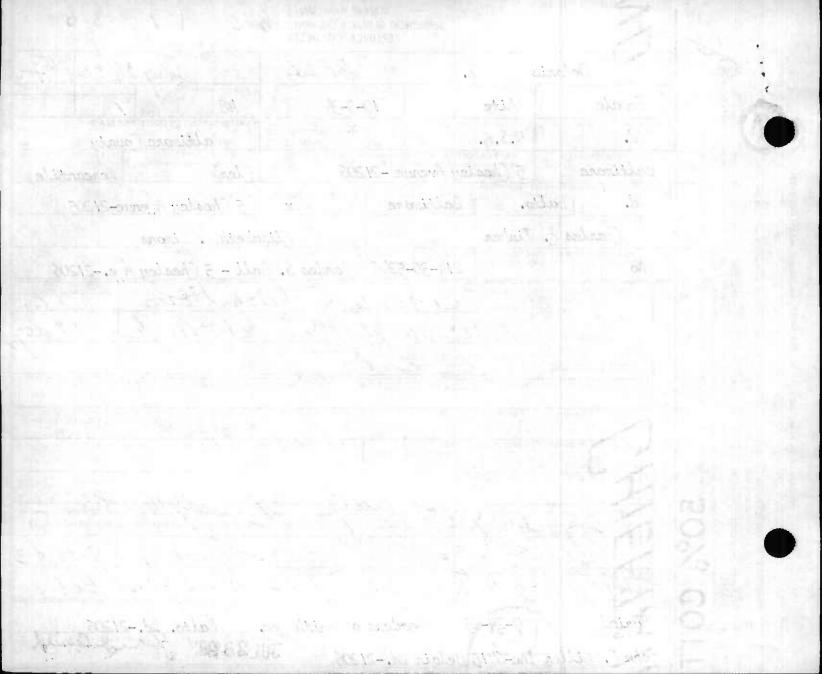
Miller Inc-6415 Belair Rd. -21206

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

5 0

1	FOR STATE REGISTRAR				TH AND MENTAL I	HEGIENES	REG. NO.	5 3	Q
	ECEASED NAME PEOR PRINT) Delori		R.	LAST	BELL	2a. DATE	OF DEATH MONTH	1683	26. HOUR M
3. SE	Female	1. RACE White	5.	DATE OF B	RTH YEAR	6 AGE (1	N YEARS LAST BIRTHDAY	IF UNDER LYEAR	
7a. 8	BIRTHPLACE (STATE OR FOREIGN	U.S.A.		MARRIED D	NEVER MARRIED DIVORCED		Baltimore		MD.
10. C	Baltimore		HOSPITAL, NURSING HELLACILITY, GIVE STREET ADDR				AL OCCUPATION FORK FOR MOST OF WORKIN		1
130.	STATE		GIVE RESIDENCE BEFORE ADM	2 13d	. INSIDE CITY LIMITS	5(hesley A	enue-212	06
14. F	Tharles E.	Tirker	LAST		MOTHER'S MAIDEN	NAME lizabeth	M Simon		AST
160.	WAS DECEASED EVER IN U.S. AF	MED FORCES?	214-30-52		harles S.	Bell-	5 (hesle	y A' e21	1206
	PART 2 OTHER SIGNIFICANT	DUE TO, O	R ASTA CONSEQUENCE	7/	LEOTA DE LA LED TO THE T	Jet	Huis	E ,	MARTE INTERVAL FONSET AND DEATH TG7 A dass
CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH OPE		0004		TOPSY? 20b. IF	YES, WERE FINDI RTIFYING CAUSES YES	INGS USED
MEDICAL CER	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 2)d. INJURY OCCURRED	HOUR A. R) P. 21e. PLACE	M. MONTH DAY	YEAR 19 21	C. HOW INJURY OCC LOCATION STREET		NATURE OF INJURY IN ITEM		STATE
	ATWORK AT WORK 220-1 certify that (I) (this hosp 100-1 certify that (I) (this hosp 100-1 certify that (I) (did not 100-1 certify	yiew the body		DEG		G A MEDICA	red on the date and	hour and from the	that (I) (max lost a couses stated E SIGNED # 26. # 3
230.	BURIAL, CREMATION, REMOVAL	T23b. DATE	16L	E OF CEME	TERY OR CREMATOR	2 H	CATION /	rd R	0(
	(SPECIFY) Burial UNERAL DIRECTOR	7-29-0	83 Gard	,	L Faith Co	em,	Balto, An	1-21206	STATE
24. 1	- NAME -	Inc-641	5 Belain Ra	1-212	- 100	JUL 28	198	and	thelp

DHMH - 16 50M 4/82 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	7	3	3	1
*				

1		REGISTRAR		CERTIII	CAIL OF DEATH	REG. NO.	
Ì		CEASED NAME FIRST		DDLE	AST	20 DATE OF DEATH MONTH DA	Y YEAR 2b HOUR
١	(TYPE	ORPRINT) FRANK	A	. BENB	ENNIER	7/3	3 83 900 AM
1	3. SE>	(4 RACE	S. DATE O			FUNDER I YEAR IF UNDER 24 HRS
ł	Ma	le	White	MONTH /C	15 94	88 YRS MC	ONTHS DATS HOURS MIN
a	7a Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8		9 BALTIMORE CITY OR COUNTY C	F DEATH
		chigan	U.S.A.	WIDOWE		BALT COUNT	MD.
	10 CI	TY OR TOWN OF DEATH		DSPITAL, NURSING HOME O FACILITY, GIVE STREET ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
		wson	Multi-	Medical Nur	rsing Center	rCost Control	Bakery
1	13a S	130 000	NTY	31 CITY OR JOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
1			imore	21234	YES NO 📉	8340 Edgedale	Rd. 21234
d		THER'S NAME FIRST	MIDDLE	LAST _	15. MOTHER'S MAIDEN NAM	ME	LAST
1	He	rman	Be	nbennick	Bertha		abe
ı		AS DECEASED EVER IN U.S. AF		66 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
ı	Ye	s WW	YE WAR OR DATES)		Patricia A	. Ray 8340 Edge	edale Rd.34
I		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per lis	ne fortal (b), and (c.)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı			TE CAUSE (a)	Heart	mi/une		
	3	4149	DUE TO, OR	ASA CONSEQUENCE OF	11 /	n	
1		Conditions, if ony, which	((b)	Miller	1 Hert 1	TIALIC	
ı		couse (o), stoting the underlying couse lost	DUE TO, OR	AS CONSEQUENCE OF	1/	A	
1			(c)	alnerted	Allewel	len	
ı	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	
1	ATIC	19a. DATE OF OPERALDIN	196 CONDITI	ON FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
	CERTIFICATION	NIA		NIA		YES NO NO IN CERTIFY)	NG LAUSES OF DEATH?
٦	CER	21a. ACCIDENT WAS UNDERLY	V PIL TIME OF		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	1 (SH PART 2)
1	AL	OR CONTRIBUTING CAUS CHITE (IF EITHER NOTIFY MEDICAL E		MONTH PAYYEAR		IA /	
i	MEDICAL	21d INJURY OCCUPRED	71s PLACE OF		21f LOCATION STREET A / 1	CITY OR TOWN	COUNTY STATE
1	2	AT WORK AT	1	MA	NV	D 170/4/13	
1		22a I certify that (1) (thin hosp	aut grofdyd yn .		ly 10 19 81	_ to Incent 19	that (I) (we) lost
1		sow the deceased all	of view the body	ter death on	d that in (my) (our) opinion o	death occurred on the date and hour o	and from the couses stated
1		22b. SIGN ATORE	1.10	0	DEGREE		TR. DATE SIGNED
	В	(Older	with	male M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7//3/13
		22d. PHI SICIAN S NAME (TYPE O	OR PRINT		22e ADDRESS	0	1.1
		NLHON	LH G	ANOSIQ	17600 USK1	2 Price 100.	ion had 2124
1	- 0	URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION	COUNTY
	Bu	rial	7/15/1	983 Prospec		pwson Balto.	
-	Z4. FU	INERAL DIRECTOR	0004 7	ADDRESS		E REC'D. BY REGISTRAR 256, REGISTRA	R'S SIGNATURE
١	AATM	· L. Johnson	1 0251 T	och Raven I	STAG. 10	L14 1900	A Capiela

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate hos been TO HOSPITAL OR ATTENDING PHYSICIAN. The low etained by the hospital or attending physician.

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other traumatic result. should be detoched for use os the buriol-tronsit permit. Then pleose remove carban with the Stote Dept. of Heolth and Mental Hygiene prior to buriol, cremation, or

production that the manager of the desire which dealer. The comment of the comment o A THE PARTY OF THE The same of the sa

MARYLAND 21201	
BALTIMORE	
, 201 W. PRESTON ST.	
201 W.	
VISION OF VITAL RECORDS, 201	
FVITA	
DIVISION OF	

death certificate be executed within 24 hours after death. Pa

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retoined by the hospital or ottending physician.

BP. DHMH - 16 50M 4 (VRA 15, 4)

	I. DECEASED NAME	FIRST	- MI	IDDLE	1/	AST	20. DATE OF DEATH	MONTH DA	Y YEAR 2	16. HOUR
	(TYPE OR PRINT)	Marie	6	Р	Rend	all	July 26	1983	6	5:55
3.	3. SEX		4 RACE		5. DATE O	DE BIRTH YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)		HOURS A
	FEMALS		WHI	TI	MA	7 23 1903	81	YRS.	OF DEATH	
Pr 1	70. BIRTHPLACE (STATE		U.S.1	VHAT COUNTRY?	WIDOWE		Daitin	ore Cour	nty	
8	Towson	DEATH 1	11. NAME OF HE	OSPITAL, NURSING STREET OF THE HEAD HEAD HEAD HEAD HEAD HEAD HEAD HE	NG HOME O	DR OTHER INSTITUTION	TYPE OF WORK FOR MO		126. KIND OF INDUSTRY	P-T.
	USUAL RESIDENCE IF	136 COUNT		GIVE RESIDENCE BEFOR		136 INSIDE CITY LIMITS?	130 STREET ADDRE		16 HR	1 80
	A FATHER'S NAME	1101111	TI GILCI	TUILL	and the same of th	15. MOTHER'S MAIDEN N	100010 C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1457	1 100
3	HINRY	~	AIDDLE	POLAC	2K	MARIA	4		KOPS	cky
1	160 WAS DECEASED E		WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT FAMIL	0	DRESS		
	18 CAUSE OF D PART I. DEAT	H WAS CAUSED	D BY: E CAUSE (a)	ine for 101 01, 01	ule	myse	undias	0	BETWEEN ON	ATE INTERVAL
	Conditions, if gove rise to couse (a), s underlying co	IMMEDIATE ony, which immediate tating the ause last.	DBY; E CAUSE (o) DUE TO, OR bb DUE TO, OR (c)	AS A CONSEQU AS A CONSEQU	UENCE OF	Infance Infance	unclias un	ONDITION GIVE		
2	Conditions, if gove rise to couse (a), s underlying co	ony, which immediate totaling the ouse lost.	DBY: E CAUSE (a) DUE TO, OR Ib) DUE TO, OR (c) ONDITIONS CO	R AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER CONTRIBUTING TO	UENCE OF DEATH BUT	Information The TERM WAS PERFORMED	RMINAL DISEASE OR C	20b IF YES, IN CERTIFY	N IN PART 110. WERE FINDING CAUSES C	GS USED
0	Conditions, if gove rise to couse (a), s underlying country of the couse (b), and the couse (c), and the cou	IMMEDIATE Ony, which immediate taking the ouse last. SIGNIFICANT CO	D BY: E CAUSE (a) DUE TO, OR Ib) DUE TO, OR (c) ONDITIONS CO 196 CONDIT	R AS A CONSEQUENTRIBUTING TO	UENCE OF DEATH BUT H OPERATION		200 AUTOPSY?	ZOB IF YES, IN CERTIFY YES	WERE FINDING CAUSES C	GS USED
0	Conditions, if gove rise to couse (a), s underlying couse (b), s underlying couse (c), s underlying (c), s underly	IMMEDIATE Ony, which immediate taking the ause last. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEAT MEDICAL EXAMINER)	DBY: E CAUSE (a) DUE TO, OR Ib) DUE TO, OR (c) ONDITIONS CO IPB CONDIT Ph HOUR A.A. P.A. 71e. PLACE C	R AS A CONSEQUENT AS A CONSEQUENTRIBUTING TO	UENCE OF DEATH BUT HOPERATION DAY YEAR 19	N WAS PERFORMED	700 AUTOPSY? YES NO	ZOB IF YES, IN CERTIFY YES	WERE FINDING CAUSES C	GS USED
0	Conditions, if gove rise to couse (a), s underlying co PART 2 OTHER: 19a DATE OF OP 21a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHY AT WORK 27a, I certify the sow the dele above X MA	MWAS CAUSED IMMEDIATE Ony, which immediate taling the ause last. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEAT MEDICAL EXAMINER) CURRED TWHILE TWO IN COMMENT TO INC. TO	DBY: E CAUSE (a) DUE TO, OR Ib) DUE TO, OR (c) ONDITIONS CO IPB CONDIT Ph HOUR A.A. P.A. 21e. PLACE C (AT HOME. STRE	R AS A CONSEQUENTRIBUTING TO TION FOR WHICH FINJURY M. MONTH C M. DF INJURY EET, FACTORY, OFFICE. de deceased from. 19	DEATH BUT DAY YEAR 19 1, FARM, EIC)	211. LOCATION STREET 19 and that in MX (our) opinion	700 AUTOPSY? YES NO NO NATURE OF	20b IF YES, IN CERTIFY YES INJURY IN ITEM 18 PAI	WERE FINDING CAUSES COUNTY COUNTY COUNTY COUNTY	GS USED DF DEATH! NO STAT
0	PART I. DEAT Conditions, if gove rise to couse (a), s underlying co PART 2 OTHER: PART 2 OTHER: 19a DATE OF OP 11a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHY AT WORK AT WORK AT WORK AT WORK AT WORK AS WHE det 27a.1 certify the sow the det	M WAS CAUSED IMMEDIATE Ony, which immediate taking the ause last. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEAT MEDICAL EXAMINER) CURRED OT WHILE TWORK OF (Kithis hospite cessed alive on ve) (did)	D BY: E CAUSE (a) DUE TO, OR Ib) DUE TO, OR (c) ONDITIONS CO IPB CONDIT THOUR A.M P.M ZIB PLACE C (AI HOME STRE TOI) ottended the	R AS A CONSEQUENTRIBUTING TO TION FOR WHICH FINJURY M. MONTH C M. DF INJURY EET, FACTORY, OFFICE. de deceased from. 19	DEATH BUT DAY YEAR 19 1, FARM, EIC)	211. LOCATION 211. LOCATION STREET 19 and that in MX (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	700 AUTOPSY? YES NO NOTIFE NATURE OF	20b IF YES, IN CERTIFY YES INJURY IN ITEM 18 PAI OR TOWN De date and hour STAFF YSICIAN	WERE FINDING CAUSES COUNTY COUNTY 220 DATE S	GS USED DF DEATH NO S1A' s1A' tool (X (we puses state

MESSESS James Comes

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTE	RAR			CERTIFI	CATE OF DEATH	REG. NO	o		
I DECEASED N	NAME FIRST	Tuesday,	MIDDLE	LA	\S1	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
(TYPE OR PRINT)	Theresa	V	Margaret	В	Benney	Ju	ly 26	1983	400 AM
3. SEX	4	RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
Fen	nale	White		July	9 1 9 2 9	54	YRS.	JATS DATS	HOURS MIN.
7a. BIRTHPLACI	E (STATE OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
Mary	land	USA		WIDOWE		Baltir	nore (County	MD.
10. CITY OR TO	WN OF DEATH		HOSPITAL, NURSING		ROTHER INSTITUTION	120. USUAL OCCUPATI		126. KIND O	F BUSINESS OR
Park	ton /		Dairy Co		Parkton, Md.			Lav	V
USUAL RESIDE	NCE (IF NURSING TOME OF O	HER INSTITUTION	GIVE RESIDENCE BEFORE AL	DMISSION					
Maryla		more	Parkton		134 INSIDE CITY LIMITS?	6 Glen Da	rv Co	urt. 2	1120
14 FATHER'S N		11101 C	Tarkton		15. MOTHER'S MAIDEN NAM		11,00	, _	
Mathi		DDLE	Dusch	1	Anna	MIDDLE		Pfa	
	ASED EVER IN U.S. ARM	ED EORCES?	16b SOCIAL SECURI		17. INFORMANT	ADDRE	SS		
(YES, NO OR L		WAR OR DATES)				~	Cl		21120
No			212-26-9	92491	Morman Be	nney, Jr., c	Glen		
	SE OF DEATH Enter only		line for o), (b), and		1				MATE INTERVAL
	IMMEDIATE		Hepat	10	Com			/	week
	820	DUE TO, O	R AS A CONSEQUEN	ICE OF	4.			1.1	
	ons, if ony, which	((b)_	Hesat 1	c 1	Metastases			7	and
	rise to immediate	DUETO	R AS A CONSEQUEN	ICE OF				/	,
underly	ring cause lost	(6)	Ende	metr	-, of Carci	noma	0.424,73	6	YRS.
PART 2	OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	0
Z O									
Y 190 DATE	OF OPERATION	196. COND	ITION FOR WHICH O	PERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
I H		17 14				YES NO	YES	ING CAUSES	NO [
TAD DATE	IDENT WAS UNDERLYING	216. TIME C		MEAG	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	IT I OR PART 2)	
OR CONT	RIBUTING CAUSE OF DEAT		M. MONTH DAY	YEAR 19					
U (IF EIIIAG	URY OCCURRED	21s. PLACE		17	211. LOCATION			Table 1	
X WHILE	□ NOT WHILE □	(AT HOME ST	REET, FACTORY, OFFICE, FAR	M, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE

this haspital) attended the deceased from sow the decays alive on above, (1) (we) did (did no

DEGREE

DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

The 224 PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

William C. Waterfield, M.D.

22e ADDRESS

St. Agnes Hosp., Caton Ave., 21229

our) apinion death occurred on the date and hour and from the causes stated

-					
23o.		CREMATION,	REMOVAL	23h DA	TE
	(SPECIFY)			17	127/02

231. NAME OF CEMETERY OR CREMATORY Westview Crematory C

23d LOCATION
CITY OR TOWN
Catons ville

Balto.

Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physicia

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fushauld be detached for use as the buind-transit permit. Then please remove carbonoppers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal

injury, or other troumatic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

Cremation / 7/27/83 Lowell Lemmon, 10 W. Padonia Rd. 21078

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deoth. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE

ì	7	5	4	0

T = STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO		-
1. DECEASED NAME (TYPE OR PRINT) Agnes	Virginia		(AST	June 22	,1983	11:45am
Female	White	Jan.	OF BIRTH H 30	76 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DA	
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	Baltimore city o	rcounty of DEATH imore Count	y _{MD.}
Rossville 21237	11. NAME OF HOSPITAL	NURSING HOME OF	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK STANSTON	ON 12b. KINI EWORKING LIFE) SINDUST SWILL	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 138 STATE 138 COU	NIY LAST	ORJOWN	134. INSIDE CITY LIMITS?	186451 080gh	St. 2122	4
14 FATHER'S NAME FIRST Richar	rd Bramble	LAST	15 MOTHER'S MAIDEN NA	Douglas		LAST
160 WAS DECEASED EVER IN U.S. AI		O1 1544	Ruth Gill	Same	SS	
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	ED BY: JE CAUSE (o) Seven DUE TO, OR AS ACC (b) Chole DUE TO, OR AS A CC (c) Arter	e Periphe posseouspice of lithiasis posseouspice of iosclerot	ral Vascular With Cholecy Congestive He ic Cardiovasc	Disease stitis art Failure, ulas Disease		ROXIMATE INTERVAL
198, DATE OF OPERATION 218, ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO X	IDINGS USED SES OF DEATH?	
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR P.M. 19 d. INJURY OCCURRED NOT WHILE AT WORK NOT WHILE AT WORK saw the deceased alive on above, (1) (% of did) (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
220.1 certify that (I) (No had						
Jahangir Kha			9000 Fran	klin Square	Drive 212	
230 BURIAL, CREMATION, REMOVA BUTTLA]	6/25/83	Gardens	of Faith Ceme	etery city on Bant	imore Cor,	Md. STATE

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending phy TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

injury, or other troumotic event, th

IMPORTANT: If hem 21 is marked or hem 18 shows ony

1407 Old Eastern Ave JUN 24 1983

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				of the second	
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in the same of					
				12	
	chif yet		31 3730	autocly	5. 10. 11
اسيد ودنير	2 100 55	l. av. ar. de	ו בילי עום ו		Land May

O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death

etoined by the haspital or ottending physicion.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY LENE 3

+	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO			
	ECEASED NAME	FIRST	2.5	MIDDLE	B	ERMAN	20 DATE OF DEATH		DAY	YEAR	2h HOUR
-		MAI		<u> </u>	-			/	24	83	6
3,56	×		1 RACE U	SHITE	5. DATE (6 AGE JIN YEARS LAST	SIRTHDAY	MUNITE	RIYEAR	IF UNDER 24 H
-		LE	JUNE	2, 1911	6	22 11	72	YRS			
	COUNTRY)	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
	MARYLAND	2200	USA		WIDOWE	DIVORCED [BALTIM	DRE CO	DUNTY		
HEC	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSI		OR OTHER INSTITUTION	128 USUAL OCCUPA	TION	12b		BUSINESS
	RANDALLSTO	WN		MORE COU		EN. HOSP.	HOUSEWIFI			T HO	ME
13g	STATE	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			110	
	MARYLAND		LTO.	BALTIM		YES NOXIX	8408 CARI		Δ	#21	207
14.F	ATHER'S NAME			1		15 MOTHER'S MAIDEN NA		JOON L	JAN 6	" 21	207
P	BENJAMIN		MIDDLE	CAPLAN		ETHEL.	MIDDLE		LEV	T NI	
160	WAS DECEASED EVER I			16h SOCIAL SECT	URITY NO.		RS. SHEILAD	Rhoces			
- (NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)								_
=	T			216-48-		8408 CARLSON	LA. BAL	ro. M		2120	
	18 CAUSE OF DEATH PART I. DEATH WA	S CAUSE	ly one couse per D RY			SPIRATORY		-	-	SETWEEN OF	NATE INTERVAL NSET AND DEA
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	20b IF Y	'ES, WERE	FINDING	
CER	210. ACCIDENT WAS UNDE		21b. TIME C		AV VEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURA OF IN		Second .	PART 2)	
AL	OR CONTRIBUTING CA			.M. MONTH DAY YEAR							
MEDICAL	21d. INJURY OCCURRE	E 🗍	21e PLACE JAT HOME STI	OF INJURY REET FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR	OWN	CO	UNTY	STATE
	220 I certify that (I) (d olive on	7	124 10	83 . or	nd that in (my) (our) apinion of	, to 7/	24 date and he	, 19		not (I) (we)
	obove, (1) (we) (di 22b. SIGNATURE	a) (did not	wiew the body	who a		DEGREE ATTENDING _		AFF _1/		DATES	
	22d. PHYSICIAN'S NA/	YNO!		EPEST	n e	22e. ADDRESS	MORE CO		46	EN	SRAL
	BURIAL, CREMATION R (SPECIFY) BURIAL	EMOVAL				EMETERY OR CREMATORY ISRAEL	BAILT IMO		COUNT	MAR	YLAND
24 FU	uneral director S(6010 REISTE	DL LE RSTO	VINSON WN RD.	& BROS., BALTO.,	INC. MD 2	1215 250. DAT	E REC D. BY REGISTRA 2 9 1983	R 25th REGIS	STRAR'S S	GA	re ald

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detacked for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MALE OF BEKARM 12 Photogram of the state of the s 생물을 보고 있는 것은 아이들이 있다면 하는데 하는데 하나요요. 그리고 있다. Country Congruence A mest ! The second secon 21/24 x 200 200 200 200 CANADA DOS TRANSPORTOR SHATTANES CONTY FERSIAL

ST	ATE	ΩF	MARYLAND
91	21.0	W.	MINISTER PROPERTY.

					STATE	E OF MARTLAND						
1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	1 7	5 4	4 2		
	CEASED NAME	FIRST	٨	NIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR D		
P.	PATRI	CIA	ANN		BLA	KE	JULM 4, 1	.983		4:55 m		
3. SE	X	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BI		NDER 1 YEAR			
1	FEMALE		WHI	TE	OCT	. 25, 1939	43 YRS. MONTHS DAYS HOURS M					
	IRTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH			
	WEST VIRGIN	IA	U.S	S.A.	WIDOWE		BALTIMO	RE COUN	ΓY	MD.		
-	ITY OR TOWN OF DEAT		. NAME OF H	IOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR		
	DUNDALK		112"VE	NINOR TE	RRACE	21222	(TYPE OF WORK FOR MOST	HOMEMA)				
13a	AL RESIDENCE (IF NURSIN STATE RYLAND	IG HOME OF OT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW DUNDALK	N	136 INSIDE CITY LIMITS?	130 STREET ADDRESS	OR TERR	ACE	21222		
14. F/	ATHER'S NAME FIRST JAMES	MIC	DDLE	SMARR		15. MOTHER'S MAIDEN NA. CYNTHIA	ME MIDDLE		CRAI	Ğ		
16a. \	WAS DECEASED EVER IT			166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS				
1	YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	217.40.7	400	ROBERT L. BL	AKE, SR. (H	IUSBAND)	(SA	ME AS 13e		
	Conditions, if ony, gove rise to immediate (a), stating underlying cause	MMEDIATE (which ediote (the	DUE TO, OI	line for (0), (b), on Metast R AS A CONSEQUE R AS A CONSEQUE	tatic ENCE OF	Pancreatic	Carron		BETWEEN	MATE INTERVAL ONSET AND DEATH NOUTES		
_	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1	10		
CERTIFICATION	190 DATE OF OPERATION 196 CON		196 CONDI	ONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED					
I F								YES NO YES NO NO				
1	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	AUSE OF DEATH	HOUR A.	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19			RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1	OR PART 21			
MEDIC	21d. INJURY OCCURR	ED	210. PLACE		FARM ETC)	21f. LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE		
			4		-	- AT 03	- 0	- 71	1970			

27h SIGNATURE

DEGREE 220. ADDRESS

PHYSICIAN X

MEDICAL STAFF
DIRECTOR PHYSICIAN

our) opinion death occurred on the date and hour and from the causes stated

220 DATE SIGNED 7/5/1983

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Charles A. Padgett, M.D.

234. NAME OF CEMETERY OR CREMATORY

Good Samaritan Hosp., Balto., Md. 21239

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

236 DATE 7/8/1983

Grand Lodge Knights of Pythias) Burnsville W. Virginia

DHMH - 16 50M 4/B2 (VRA 15, 4)

etained by the hospital

BP.

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, TO FUNERAL DIRECTOR: After this certificate has been

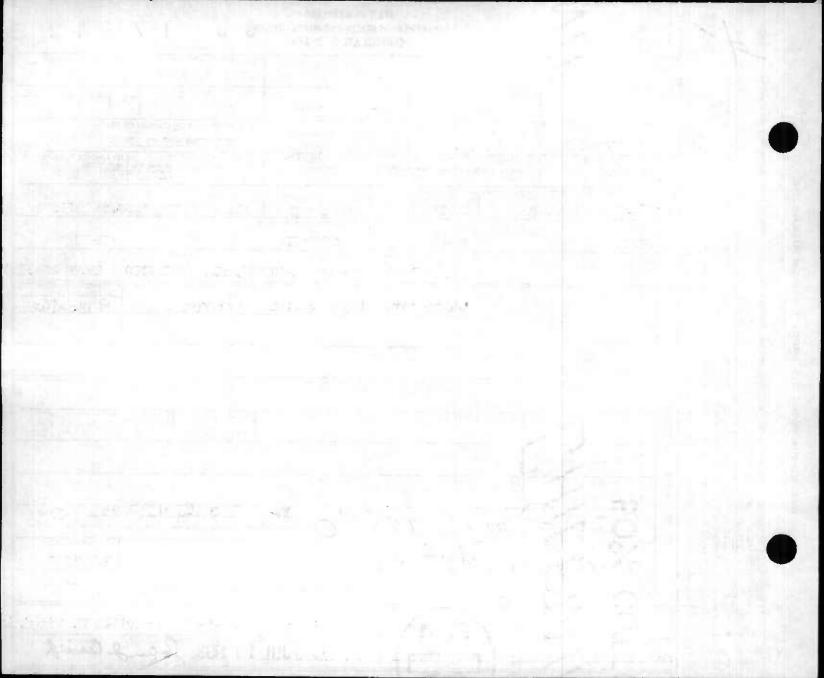
MPORTANT: If them 21 is marked or them 48

carbon papers. Pages 1 and 2 should be filed within 77 and completely filled in by the fi

the ottending physicion

24 FUNERAL DIRECTOR

Walter Brooks Bradley, Inc., Dundalk, Md. 21222



njury, or other froumotic event, th

IMPORTANT: If them 21 is morked or them 18

BURIAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

1	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	FINE 3	NO.	5 4	ú
	CEASED NAME	FIRST		MIDDLE	ι	AST	20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
(TYP	E OR PRINT)	ELIAS	5		BLAUS	TEIN	WED. JUL	Y 6,1983		3 AM M
3. SE	X	4	RACE		5. DATE C		6 AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS
	MALE		VHITE		NOV.	18, 1902 YEAR	80	YRS		HOURS MIN.
6	RTHPLACE (STATE OR F COUNTRY) ARYLAND	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY	RE COUNTY		MD.
1	BALTIMORE		5 VIRU	NGA CT. A	PT. G	. (21207)	MERCHANT	ATION STOF WORKING (IFE)	RETA 1	DE BUSINESS OR
130	AL RESIDENCE (# NURS STATE IARY LAND	13b COUNT BALT	TY	134 CITY OR TOWN BALTIMOR	٧.	13d INSIDE CITY LIMITS?	135 VIRUNG	CT. AP	T. G	(21207)
14. F.	FRANK	M	B	LAUSTÉIN		TILLE	ME MIDDLE	K	LING 1A5	17
	WAS DECEASED EVER		WAR OR DATES!	166 SOCIAL SECUI 216-01-70		MRS. ELAYNE	FREEDMAN :	2131 CAM	(212 1BRIDGE	231) ST.
	18 CAUSE OF DEAT PART I. DEATH W 1629 Conditions, if ony, gove rise to imm couse o, stolin underlying couse	MAS CAUSED IMMEDIATE which nediate ig the	DUE TO, O	RAS A CONSEQUE	ATIC NCE OF	Oat Cell	Canci	nong	RETWEEN	imate interval Onset and death
TION						NOT RELATED TO THE TERM				
CERTIFICATION	190 DATE OF OPERA	90 DATE OF OPERATION 196 CONDITION F		TION FOR WHICH	WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO		NGS USED OF DEATH? NO	
MEDICAL CER	OR CONTRIBUTING (21t HOW INJURY OCCUR!	RED (ENTER NATURE OF 1)	. 31	COUNTY	STATE
	220 I certify that (I) sow the deceose obove, (I) (we) (c	ed olive on_	Tun	19 5		nd that in (my) (our) opinion	deoth occurred on the	dote and hour	and from the	
	Mare Mare	hal	La.	Kenn	2	DEGREE STEENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	7/6/	

BP

TO HOSPITAL

DHMH - 16 50M 1/81 (VRA 15, 4)

MARSHALL 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

711 W, 40+ h St, Balticone, 21211

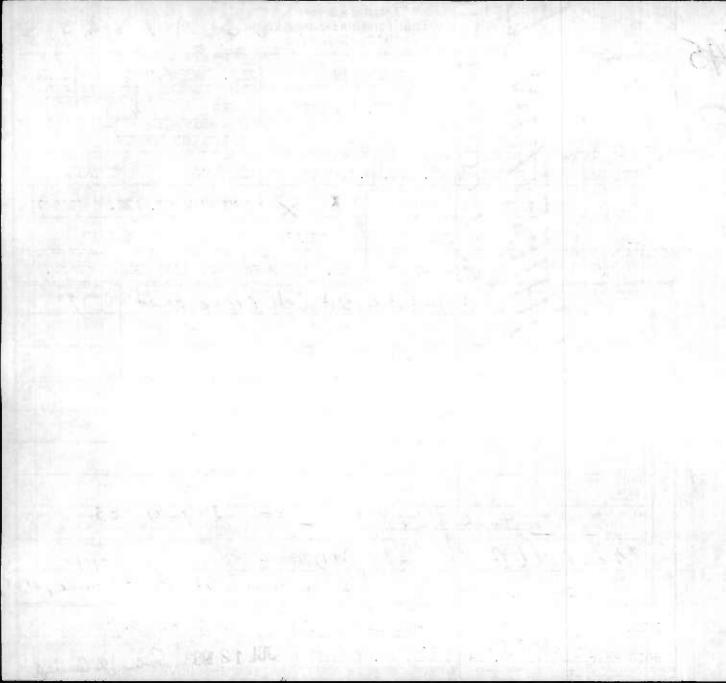
23c. NAME OF CEMETERY OR CREMATORY BNAI ISRAEL CEM

BALTIMORE, MD. COUNTY

STATE

7/7/83 74 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 2 1983



16	1	-	
h. Poge 4 may be		ol of schor, poge 3	2 bodie ofter death

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

1754	- 17.00	4	c 40	reng	
1 / 2 7	4	4	C	/	

REGISTRAR					REG. N	0.		
I DECEASED NAME	FIRST	MIDDLE	(AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	George Edwa	rd BLIZZARD)		July 23	1083		5.41a M
3. SEX Male	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	
/ Naite	Whi	te	5	18 VEAR OS	78	YRS.	DATS DATS	HOURS MIN.
To BIRTHPLACE I STATE OFF	REIGN 76 CITIZEN O	F WHAT COUNTRY? 8	3.	D.,,,,,,,,,	9 BALTIMORE CITY		OF DEATH	
Marylan	d U.S		MARRIE	DE NEVER MARRIED DIVORCED	Raltimore	Count		MC
O CITY OR TOWN OF DEA		F HOSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	10N	12b. KIND (OF BUSINESS OR
Balto. Co	unty	Franklin Sc	quar	e Hosp.	Salesman	OF WORKING LIFE)		sehold
USUAL RESIDENCE (IF NURSIT	NG HOME OR OTHER INSTITUTION	13c. CITY OR TOWN	DMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			02.004
Md.	Y	Balto.		YES NO		Fleetwo	ood Av	re. 21206
14 FATHER'S NAME	MIDDLE	1457	11-	15. MOTHER'S MAIDEN NA	AME		LA	a c t
Albert		Blizzard		Mary	Ann		McIn	tyre
160 WAS DECEASED EVER			TY NO.	17 INFORMANT	ADDR	ESS		
(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	215-09-239	93	Mrs. Isab	elle Blizza	rd (Sa	ame as	#13.)
IN CAUSE OF DEATH	Fotor only one couse r	per line for (a), (b), and ((0.1)				APPROL	XIMATE INTERVAL
PART I. DEATH W	AS CAUSED BY:			any Annact				
1110/2	MMEDIATE CAUSE (0)_	Carulo Pu	THIO	nary Arrest			-	
4100	DUE TO.	OR AS A CONSEQUEN	ICE OF					
Conditions, if any,	which (16)	Cardioger	nic S	Shock			2	
gove rise to imm	ediate			7110011				
couse (o), stoting underlying couse	lost. DUE TO.	OR AS A CONSEQUEN					1.24	
Underlying Couse	(c)_	Possible	Myor	cardial Infar	ction			
	FICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	10
190. DATE OF OPERAT								
4 190. DATE OF OPERAT	ION 196 CON	DITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FIND	INGS USED S OF DEATH?
E I					YES NOT	YES	_	NO [
21g. ACCIDENT WAS UND	ERLYING 7 21b. TIME	OF INJURY		121c HOW INJURY OCCUI		IRY IN ITEM 18 PA	RT 1 OR PART 21	
0.0.00.100.00.00.00.00.00.00.00.00.00	1100.00	A.M. MONTH DAY	YEAR					
GIF EITHER NOTIFY MEDIC 21d. INJURY OCCURR		P.M.	19					
214 INJURY OCCURR		E OF INJURY		211 LOCATION	CITY OF TO	OWN	COUNTY	STATE
WHILE NOT WHI	LE T	STREET, FACTORY, OFFICE, FAR	M, EIC.)	SINCE				
220.1 certify that	(this hospital) attended	the deceased from	July	17. 1983	, toJuly :	23	%3	, that (we) los
naw the decease	d olive on July	23 1983		nd that in (V) (our) opinion	9 4 4 1 1			e couses stated
773. SIGNACORE	d) (d) mt view the bol	Jy Arter Seath		DEGREE			22c DATE	E SIGNED
(.(/	a :	6//		ATTENDING	MEDICAL STA		7-	-> 73
224. PHYSICIÁN'S NA	ME TYPE OR PRINTS			PHYSICIAN 1226 ADDRESS	DIRECTOR PHYSIC	IAN		6 5-6
A LOCAL OF BUILDING	obinson, M.	D			in Square Di	rive. 2	21237	
23a BURIAL, CREMATION, I			AME OF C	EMETERY OR CREMATORY	23d LOCATION	.,,,,		
(SPECIFY) Remova		3/83	OHL OF C	SEMETERT ON CREMATORY	CITY OR TOWN		COUNTY	STATE
Troning & C		-,						

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked or them 18 shows any injury, ar other traumatic event, th

ATTENDING PHYSICIAN: The low ottending physicion

retoined by the hospital or TO HOSPITAL CA

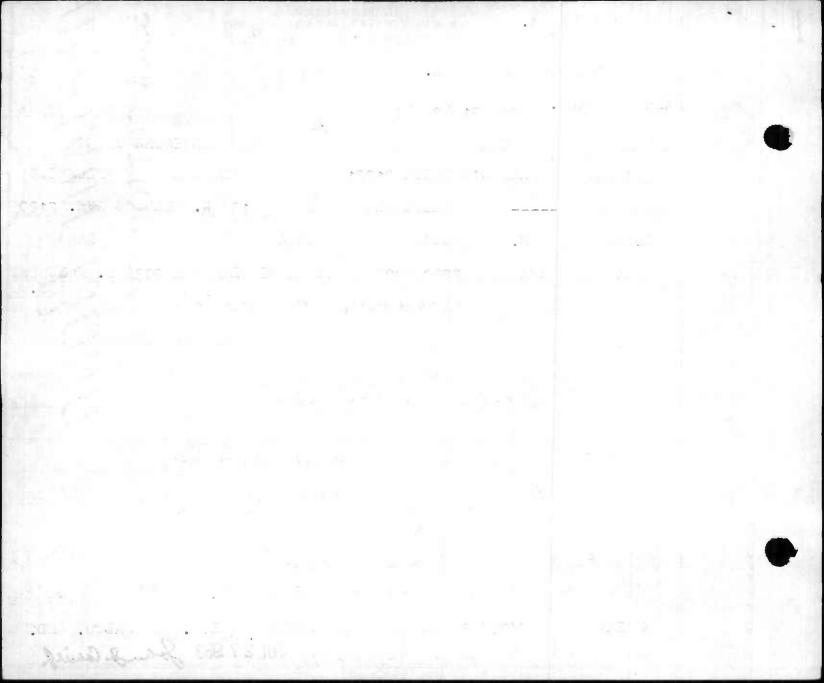
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24 FUNERAL DIRECTOR Anatomy Board (VRA 15, 4)

ADDRESS

Balto., Md.

25 REGISTRARS SIGNATURE



3 SE	EX emale	MIL (White	5. DATE OF BIRTH NOV. 10	1032 SO BIRTHI	MONTH	DER 1 YR. IF UNDE		TE UNCED	MONTH	DAY YEAR
B	BIRTHPLACE (FOREIGN COUNTRY)	e, Md.	USA		R.	ED NEVER MARI	RIED 9 BALT	MORECITY OR ltimore	Count	
/ Ro	ssville	21237	Franklir	SPITAL, NURSING HOM ACILITY GIVE STREET ADDRESS! 1 Sq. Hospi	tal	er institution	FOR MOST OF W	CUPATION (TYPE O PORKING LIFE)		or indust estern
5 130 M	STATE aryland	Balt		130 CITY OR TOWN Essex 21		134 INSIDE CITY LIMITS?		RESS Sunnysio	de Roa	ad
20	FATHER'S NAM	n M. Rein	hart	LAST			herine La	0		LAST
160	WAS DECEASE (YES, NO. OR UNKN	D EVER IN U.S. ARA	WED FORCES? WAR OR DATES)	212 30 03'		Harold Bo	ling, Sr.	Husba	nd	Same
	gove r	12 IMMEDIAT ons, if any, which ise to immediate o) stating the <u>under-</u> use last.) (b) U	AS A CONSEQUENCE	AR	DIJCA	38			
TION	gave r couse (o lying co	ons, if any, which ise to immediate o) stating the under- use last.	(b) DUE TO, OR	RAS A CONSEQUENCE	OF MINAL DISEASE	OR CONDITION GIVEN IN P				20 41/200
RTHECATION	gave r couse (o lying co	ons, if any, which ise to immediate of stationary the under- use last. IGNIFICANT CONDITIONS	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH	RAS A CONSEQUENCE BUT NOT RELATED TO THE TER	OF MINAL DISEASE RATION WA	OR CONDITION GIVEN IN P AS PERFORMED?	ART 1 (a).	IM HIRV IM TEA 18	P7 OB 549 **	20 AUTOPSY YES
DICAL CERTIFICATION	PART 2 OTHER S 19a DATE O 71a EXTERN UNDERLYING CONTRIBUT	POPERATION AL CAUSE WAS G OR INGO OR OCCURRED	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH 196 CONDI 216 TIME OF HOUR A.M. P.M.	BUT NOT RELATED TO THE TER THOM FOR WHICH OPE FINJURY A. MONTH DAY YEA A. 19	OF MINAL DISEASE RATION WA	OR CONDITION GIVEN IN P AS PERFORMED? OW INJURY OCCURR	ART 1 (a).	INJURY IN ITEM 18 PAI	RT 1 OR PART 2	YES
MEDICAL CERTIFICATION	PART 2 OTHER S 19a DATE O 71a EXTERN UNDERLYING CONTRIBUT	poss, if any, which ise to immediate () stating the <u>under-use lost.</u> IGNIFICANT CONDITIONS FOPERATION AL CAUSE WAS G	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH 21b TIME OF HOUR A.M 21e PLACE	BUT NOT RELATED TO THE TER	OF MINAL DISEASE RATION WAR	OR CONDITION GIVEN IN P AS PERFORMED?	ART 1 (a).	De l	RT 1 OR PART 2	YES YES
	PART 2 OTHER S 19a DATE O 21a EXTERN UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK	POPERATION AL CAUSE WAS G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK Ify that I took charg	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH 196 CONDI 216 TIME OF HOUR A.M P.M 21e PLACE (STREET, FAC	RAS A CONSEQUENCE BUT NOT RELATED TO THE TER THON FOR WHICH OPE FINJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME, TORY, FARM, ETC.)	OF MINAL DISEASE RATION WAR	OR CONDITION GIVEN IN P AS PERFORMED? OW INJURY OCCURR CATION IREET	ED (ENTER NATURE OF CITY OR Undetermined	ry and and	IN MY OPINI	YES YES YES DE TY

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requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN, The low

TO HOSPITAL

BP.

retained by the hospital or attending physician.

	(1)
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FOR STATE

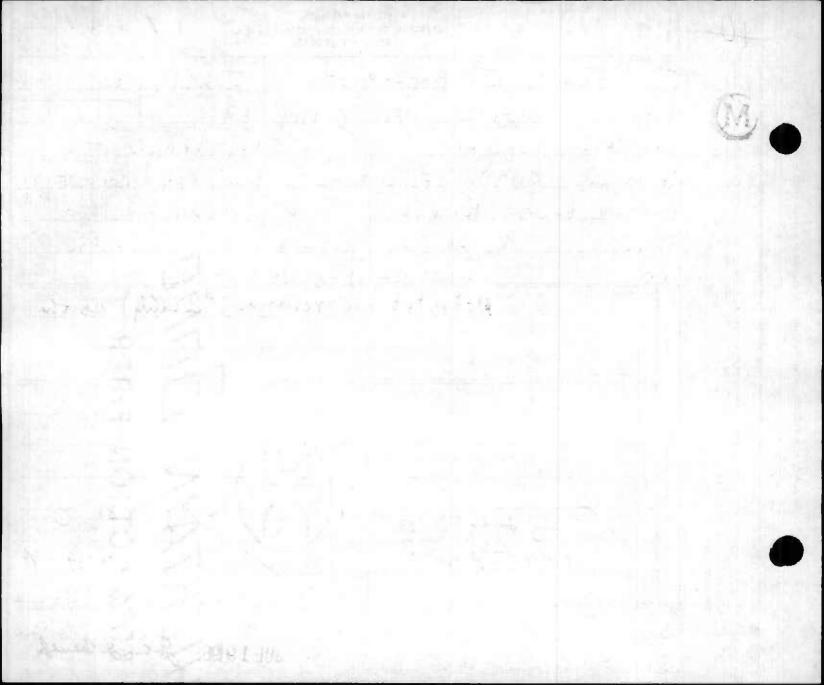
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCENE CERTIFICATE OF DEATH

1	7	5	4	1

- STATI	E STRAR		CERTIFICATE OF DEATH	REG. NO	
1. DECEASED		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
The On Talla	FRANK	J. Bor	ARRIGO	JOLY 17. 1	983
3 SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR OF UNDER 24 HRS
MAI	5	LUHITS	FEB. 8. 1914	1 10	MONTHS DATS HOURS MIN
To BIRTHPLA	ACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	- 19 BALTIMORE CITY OF COUNT	Y OF DEATH
MARY		11 < 0	MARRIED NEVER MARRIED	Box more	
	TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION		17h KIND OF BUSINESS O
Parv.		LIF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WORKING LI	
MARIAI PESI	DENCE HE NURSING HOME OF	8119 DALSS FO	RU NOAD	BOILER MAKER	LOCAL # 19
130 STATE	13b COUN	TY 13c CITY OR TOW		S2 130 STREET ADDRESS	219
118KM	LAND BAL	10. TARKVIL	YES NO NO	8119 UALSFO	RD KOAD
FATHER'S		MIDDLE LAST_	15 MOTHER'S MAIDEN	NINAME	LAST
NUC	210	BONARRIC	SHTAJ OC	RINE	SHEPIS
	CEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
00	ON CHARACTERS, GIVE	217 09	1154 FAMIL	4 RSCORDS	
18 CA	USE OF DEATH (Enter on	y one couse per line for to , (b) Inn	dich	A 12 min	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PA	RT I. DEATH WAS CAUSE	NBY.	Atic Carcin	voms (primar	ALDIA AL
11	29 IMMEDIAT	E CAUSE (o)		(1 John Charles
1 /		DUE TO, OR AS A CONSEQUE	ENCE OF		
	litions, if any, which	(b)			
couse	e (o), stoting the	DUE TO, OR AS A CONSEQUE	ENCE OF		
- Onde	rlying couse lost	((c)			
PART	2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIV	EN IN PART 10
CERTIFICATION 150 DV 15	BUILDING TO SERVE				
S 190 DA	TE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED
E .					YING CAUSES OF DEATH?
21a. AC	CCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 1	PART I OR PART ?)
W OR COL	NTRIBUTING CAUSE OF DEA		AY YEAR		
2	JURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
WHILE AT WOR	NOT WHILE	(AT HOME STREET FACTORY OFFICE F	ARM ETC) STREET	CITY OR TOWN	COUNTY STATE
	K AT WORK		and the same of th		
		The state of the s	AAAA I	V3 1.0417	83
22a l c	certify tho (1) his horizont	of other decreased from	19_	12 10 Auly 17	
22a I c so ot	certify that (1) this hamiltonian the deceased allower (1) we) (did said and		ond that ir (my (our) opi	nion death occurred on the data and hou	
22a I c so ot	certify that (I) this house	The pody over death.	DEGREE		
22a I c	certify that (1) this hamiltonian the deceased allower (1) we) (did said and	6-(010)	ond that ir (my (our) opi	NGMEDICAL STAFF	r and from the couses stated
22a I c so ob 22b. Sh	certify that (1) this hamiltonian the deceased allower (1) we) (did said and	The pody over death.	DEGRÉE ATTENDIN	NG MEDICAL STAFF	r and from the couses stated
22a I c so ob 22b. Sh	certify that (1) this harming the deceased of	The pody over death.	DEGREE ATTENDIN PHYSICIA	NG MEDICAL STAFF	r and from the couses stated
220 l c 50 60 22b. Sh 22d. Ph	erify the (1) his house we he deceosed places over (1) we) (did clid no GNATURE HYSICIAN'S NAME (1YPE OR	PRINT)	DEGREE ATTENDIN PHYSICIA 276 ADDRESS	RK ROAD TOW	r and from the couses stated
27a l c so ot 727b. Sl 222d PH RO 23a BURIAL, (SPECIFY)	erify the (1) his hamilion to the deceased of	PRINT)	DEGREE ATTENDIN PHYSICIA	RK ROAD TOW	r and from the couses stated
22a PH 22a PH RO 23a BURIAL, (SPECIFY)	erify the (1) his hamilion the deceased of cook (1) we) idid clid not GNATURE HYSICIAN'S NAME ITYPE OF CREMATION, REMOVAL	PRINT)	DEGREE ATTENDIN PHYSICIA 278 ADDRESS NAME OF CEMETERY OR CREMATO	RK ROAD TOWN DIRY 1238 LOCATION CITY OF TOWN	
27a l c so ot 727b. Sl 727d PH RO 73a BURIAL, (SPECIFY)	erify the (1) his hamilion the deceased of the	PRINT)	DEGREE ATTENDIN PHYSICIA 276 ADDRESS	RK ROAD TOWN DIRY 123d LOCATION CITY OF TOWN	r and from the couses stated

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the I should be detached for use as the burial-transit permit. Then please remove carbonpapers. Page and a mould be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



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nd 2 should be filed with

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and constructed for use as the burial-transit permit. Then please remove corban papers. Pages, I awith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, ar other froumotic event,

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IMPORTANT. If hem 21 is

24 FUNERAL DIRECTOR

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICAL

1	- STATE REGISTRAR			PLI ARTI		ICATE OF	DEATH	REG. N	10	-3 -	1 4
	ECEASED NAME	FIRST	A	AIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	2b HOUR
1177	PE OR PRINT)	ames Ra	wlings	Herbert	BOOM	NE		7/15	183		330
3 SE	X	4.	RACE		5. DATE C			6 AGE (IN YEARS LAST B	THDAY)	IF UNDER I YEAR	
1	Male		White		May		1899	84	YRS	MONTHS DATS	HOURS MIN
70 B	COUNTRY)	R FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	O NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland			.A.	WIDOWE	DX [X0	ONORCED [Baltimo	re Cou	inty	MD.
1	lity of town of Di ltimore(Wo	10	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A HILL Hous	(223000)	1/	1.6	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIF	E) INDUSTRY	of BUSINESS OR
USU 13a.	IAL RESIDENCE (IF NU STATE Maryland	PS DR OTH COUNTY Balti	HER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI	ADMISSION)		CITY LIMITS?	13e STREET ADDRESS 7211 Bell			21212
14. F	ATHER'S NAME	MID	017	LAST		15 MOTHER	S MAIDEN NAM	AE			
	W.	Ker	nedy	Boone			Anne	Gordo		Heri	pert
	WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARME		166 SOCIAL SECU		17. INFORM	ANI Broth	ner: ADDR	ESS	1/4	
	Yes	WWI		057-38-	5919T	A. Go	rdon Boo	one, Atlant	ic, P	.O., Mai	ne 04608
	PART I. DEATH THO Conditions, if on gove rise to in couse (o), stot underlying cour	y, which immediate ing the last.	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEQUE	NGE OF	cery	Kea	N Drei		49	COMSET AND DEATH LULL LULL
NO	PART 2 OTHER SIC	ENIFICANT COM	DITIONS CO	INTRIBUTING TO D	EATH BUT	n. 6.4	D TO THE TERMI	NAL DISEASE OR CON	IDITION GIV	EN IN PART I	0
CERTIFICATION	19a DATE OF OPER	ATION	19b CONDI	TION FOR WHICH	OPERATIO			200 AUTOPSY?	20b IF YES IN CERTIF YES	, WERE FINDI	NGS USED S OF DEATH?
MEDICAL CER	210 ACCIDENT WAS UP OR CONTRIBUTING [CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR			ED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	ART OR PART 2)	
MED	216 INJURY OCCUI	MILE [21e PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	RM ETC)	21f. LOCATI		CITY OR TO	NAN	COUNTY	STATE
	22a. I certify that () (this hospital)	17/15	19 8		DEGREE	19) (our opinion d	. to leath occurred on the d		ond from the	
	22d PHYSICIAN'S N William				V	10	PHYSICIAN [ersity Pkw	CIAN	to. Md	. 21218

BP.

retoined by the hospitol or

TO HOSPITAL

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23b. DATE 7/19/83 231 NAME OF CEMETERY OR CREMATORY Loudon Park Cemeters 23d. LOCATION
CITY OR TOWN
Baltimore

COUNTY

STATE

STEWART & MOWEN CO., 108 W. North Ave. 21201

James Francisco electrica Spolici 48 9981 AN 12 THE SALES and rad effectsown control investigate acres in the sound of the erylane deltimora deltimora y 72U policos menue 21212 Krunedy soom dank Corcon Herbrit W. ---Yes Test U37-35-39197 A. Cordon Monon, aclantic, P.O., Faind October

Edrica Tyllys Loudon Park semetapy Unitimore

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical examination

FOR - STATE

STATE OF MARYLAND

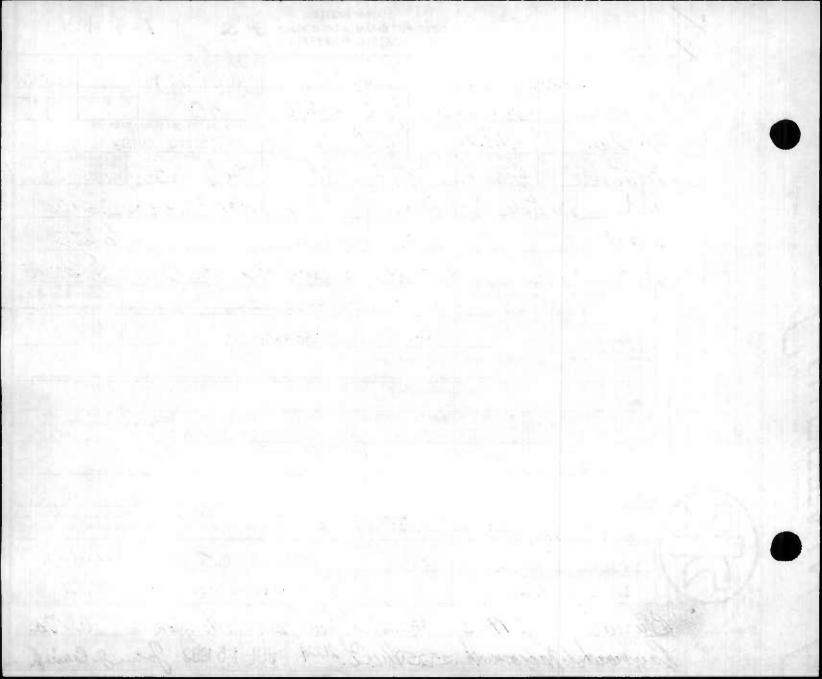
DEPARTMENT OF HEALTH AND MENTAL HYCENE
CERTIFICATE OF DEATH

5

R	EGISTRAR		CERTIFICATE OF E	LAIN	REG. NO	O		
1. DECEA	ASED NAME FIRST	MIDDLE	LAST	20.	DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR I	Carol	vn S.	BOOTH		July 15			7:10 AM
1 CEV	0	1 BACE	5. DATE OF BIRTH	6. A	GE (IN YEARS LAST BIRT	MONTHS		HOURS MIN.
te	male	Kaucasia	n 400 191	942	40	YRS		
BIRTH	PLACE STATE OR FOREIGN	K CITIZEN OF WHAT COL	MARRIED NEVER	AARRIED 9 B	ALTIMORE CITY O		ATH	
W	· Va.	U.S.U.	WIDOWED DI	VORCED	Baltimor			MD.
10. CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INST	TITUTION 120.	USUAL OCCUPATION	ON 12b	WIND OF	BUSINESS OR
120	Umore,	tranklin	Sa Taspilar	1	ne Oper	ator 1/2	octor	4 Land
USUAL R	RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDEN 1131 SITY OF THE STATE			STREET ADDRESS	in Or	, 21	1085
14. FATH	ER'S NAME FIRST	MODIE MICK		MAIDEN NAME	WIDDLE	Te	ent	5
	DECEASED EVER IN U.S. A	ARMED FORCES? IN SOCIAL	10 - 10 2 1 Colo	ly Book	ADDRE 1033 (rwin	S.	21085
18		only one cause per line far (a)			1		APPROXIMA	ATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (0) Card	io Pulmonary Ari	rést				
	1.171	DUE TO, OR AS A COI	NSEQUENCE OF					
	Conditions, if any, which	(secon	dary to metasta	tic melan	oma			
	gove rise to immediate ause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF					
0	inderlying cause last.	(c)		- No. 10				
	ART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CON	DITION GIVEN IN	PART Ira	
ON I	9							
CERTIFICATION 12	DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFO		ES NO N	206. IF YES, WERI IN CERTIFYING (YES [
	a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		JURY OCCURRED	ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR	PART 2)	11971
AL	R CONTRIBUTING CAUSE OF D	CAIN	TH DAY YEAR					
	d. INJURY OCCURRED	218. PLACE OF INJURY	211 LOCATIO		CITY OR TO	- CC	UNTY	STATE
Σ .	WHILE NOT WHILE	(AT HOME STREET, FACTORY	OFFICE, FARM, ETC) STREET		CITY OR TO	WN CC	01411	STATE
		pital) attended the deceased	from JULY 10	1983	to July 1	5 19	83_ th	not X (we) last
. 1	sow the deceased alive a	on July 15	1963, and that in (mX)	(our) opinion death	n occurred on the do	ate and hour and f	rom the co	ouses stated
22	b. SIGNATURE	A see the body after acon	DEGREE	***		27	C. DATES	IGNED
	Isal I for	Aunie 11			EDICAL STAF		4/1/3	1983
22	d. PHYSICIAN'S NAME (TYPE		22e ADDRES	-				
	Isabel Rodr	riquez, MD	9000	Franklin	Square D	rive	2123	3/
	IAL, CREMATION, REMOVA	AL 23b. DATE	235 NAME OF CEMETERY OR	CREMATORY 2	13d LOCATION	1	Ou d	1 41
Di	urial	7.18.83	Mountain Vie	w Kem	Martina	en coun	u	· Va.
24 FLINE	ERAL DIRECTOR	/ /	M. Alm	250. DATE RES	D. BY REGISTRAN	2 ISTRAR'S	SIGNATU	RE
Aar	WMARAJ. NO	resoroust 2	225010	JUL	1 5 1983	John	26	hull

DHMH - 16 50M 4/82 (VRA 15, 4)

BP



		FOR STATE REGISTRAR	13		CERTII	EALTH AND MENTAL HYO	REG. N		3 . 2	U
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	HTMOM	1	HOUR
		Mild	red C. Bosley			ey		0	12/83	107
15	3. SE	X	4, RACE		5. DATE		6. AGE (IN YEARS LAST BI			UNDER 24 H
MI)	2	Female	White		Apr	11 5, 1908 AR	75	YRS.	MONTHS DAYS HE	OURS M
100		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY	R COUNTY	OF DEATH	
320		Maryland	U.S.A		WIDOW	D NEVER MARRIED DED DIVORCED	Baltimo	re Cou	inty	
1	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OF B	USINESS
DX	1	Towson		t Joseph		ital	Home Make	r	c) I IIVDOSTKI	
101	USU,	AL RESIDENCE (IF NURSING HOMESTATE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS?	112 STREET ADDRESS			
100		Maryland	.01417	Baltimor	e	YES MO	13°2899 ADDRESS	oughby	Rd 212	34
300	14 FA	ATHER'S NAME				15. MOTHER'S MAIDEN NA				
2/	1	Walter	MIDDLE F1	reburger		Ida	MIDDLE		Hofmeist	er
3 1		VAS DECEASED EVER IN U.S.		165 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDR			
med		ves. no or unknown) (IF yes.	GIVE WAR OR DATES)	213-03-	5522	Miss Nancy	L Bosley 4	309 Wa	alther Av	'e
of, cremation, ar		Conditions, it any, which gove rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUER AS A CONSEQUER	BI	ood Press	ury			
io bur ijury, o	Z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 110	
aws any ir	CERTIFICATION	190, DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES IN CERTIF	, WERE FINDINGS YING CAUSES OF S	S USED DEATH?
frem 18 sh	CER	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
Hem	¥	OR CONTRIBUTING CAUSE OF	DEATH		19					
JO J	MEDICAL	214. INJURY OCCURRED	21e. PLACE		.,	21f LOCATION				
3	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TO	WN A	COUNTY	STATE
OL W		AT WORK				110 10 85	+	112	83.	0
15		220.1 certify that (this ha	spital) attended th	e decepsed from	83	nd that in () (our) opinion	denth accurred as the d	nte and how	rand from the service	N (we)
7		sow the deceased alive above (we) (did)	of view the body	ofter death			ocom occurred on the d	ore ond noor		
		110. SIGNATURE	so as	0	-	DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE SIG	NED
<u></u>		10 sugan	K.	well	- vel	PHYSICIAN	DIRECTOR PHYSIC		16/12	183
PORTAN		276. PHYSICIAN'S NAME (TY	PE OR PRINT)	10		220 ADDRESS	17)		01001	
£ 2		Brr. 10	v Kall	· may		7600 0	bler Dr		71204	
3 8		RIPIAL CREMATION PENOV	AL TOS DATE	23,		EMETERY OR CREMATORY	Territoria de la companya della companya della companya de la companya della comp			

23c NAME OF CEMETERY OR CREMATORY

Parkwood

DHMH - 16 50M 4/B2

BP.

NAME Leonard J Ruck Inc. Baltimore, Maryland (VRA 15, 4)

236. DATE

6/15/83

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

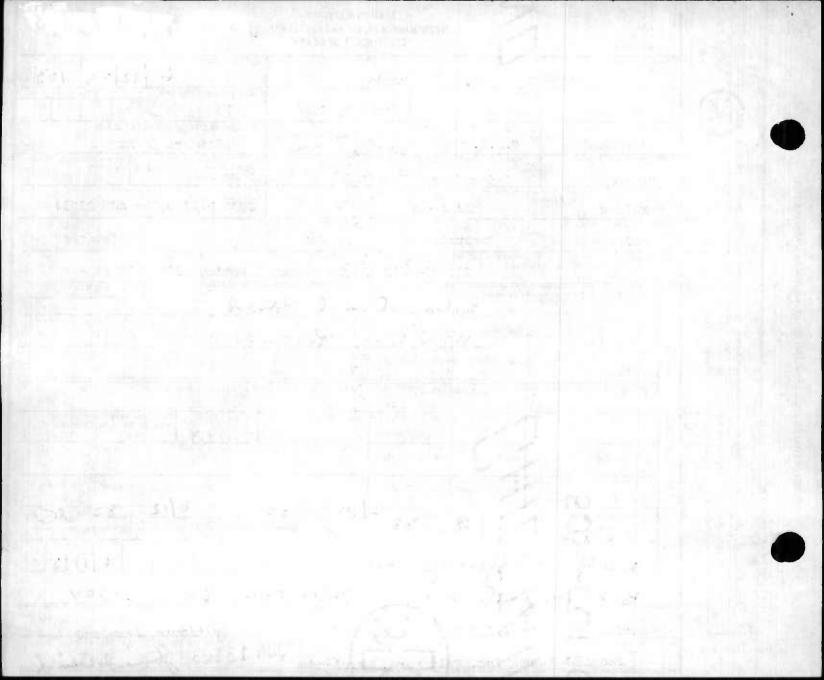
24 FUNERAL DIRECTOR

Baltimore Maryland
By REGISTRAN 256 BEGISTRAN SEGNATUR
3 1983

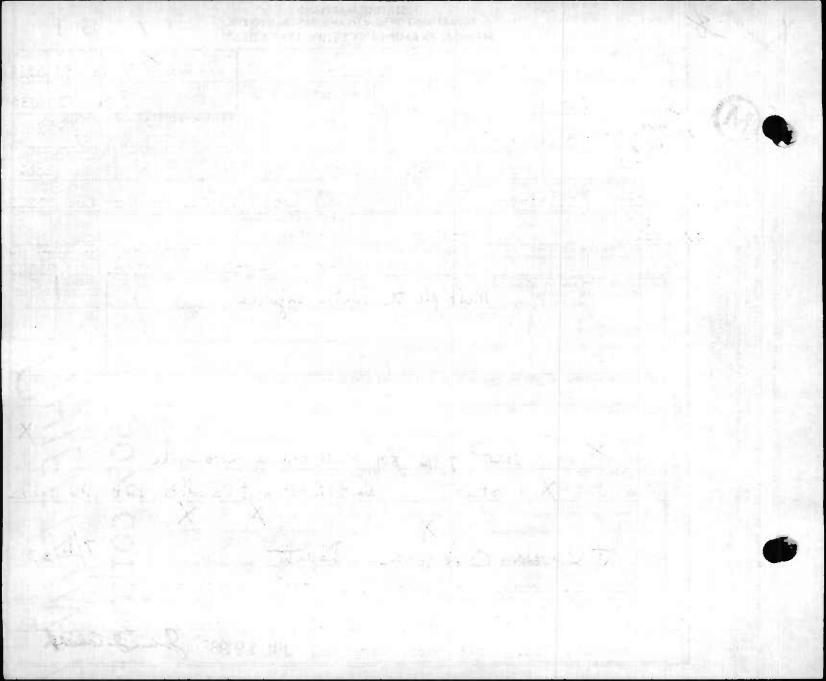
234 LOCATION CITY OR TOWN

COUNTY

STATE



X	B	1-	FOR STATE REGISTRAR	- FiRST	ME	DICAL	STAT MENT OF I		AND M	ENTAL	0	• 7	REG. NO	7	3 5	5 1	
			CEASED NAME E OR PRINT)			MIDDLE		-	LAST			20. DATE 1	ESTI-	MONTH	OAY	YEAR	26 HOUR
	数な記録世	2 053		Kenneth	Rob	ert		ossl		Y			MATED [11201101	16	19 83	0328
	F 7 F 5 F	3. SEX	100		5. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA	MONTH:	DER TYR.	IF UNDER		2c. DATE PRONOUN	CED	MONTH 7	16	YEAR	24. HOUR
	E.	Ma	TE RTHPLACE (SI	White	8 11	35	47 YR	S.		ll		DEAD	ORE CITY O	P COUN		1983	6355
	5	FO	ennsyl		U.S.A		VIK1;	MARRIE WIDOWE		VER MARR	IED 🔲	_	imor	_			MD
	PAGE TO THE PAGE T	Du	indalk		11. NAME OF HO	Pt.B.	treet ADDRESS)	t Ca			ECOP A	ACT OF WORK	ATION (TYPE (ING LIFE) Vorke		OR	INDUSTR	Y
11201	15 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	13a S		IF IN NURSING HOME OF BAL		13c. CITY	OR TOWN		13d INSIDE (CITY LIMITS?	13e STRE	70 St	ss Gr	egor	cy D	r. :	21222
AD. 3	PM 3	17	THER'S NAME		MIDDLE		LAST			ER'S MAIDI	EN NAME	MI	DDLE			AST	
Ä,	MI TO A TO THE		rold			Boss				cian					etze		
ALTIMO	URS AFTER DI 8 GIVE PAGE WITH FORM PAGES I A DIVISION OR	NC	ES, NO, OR UNKNO	DEVER IN U.S. ARM	VAR OR DATES)		CIAL SECURITY 5-32-2		17. INFOR		Boss	ler	7870° B				cy Dr 21222
., 8/	OUR 18 O		18 CAUSE O	F DEATH (Enter only	y one couse per line	e for (a), (b), and (c). T		1.	•					AP BETW	PROXIMATE	INTERVAL AND DEATH
SNO	24 H TEM TONG PERM SIENI	10	010		E CAUSE (o)	THEFE	SEQUENCE C	umo	ULL	mp	ned						
PRESTON ST	HIN USIT HYC	7	Condition	ns, if ony, which	DUE TO, OF	(AS A COP	NSEQUENCE C)-		U					1		
. ×	ENCIL II	- W		e to immediate stating the under-	DUE TO, OF	AS A CON	SEQUENCE C)F									
301 \	EXA EXA EXA BIAL		lying cau	se lost.	(c)												
AL RECORDS,	BE EXECUDING" AEDICAL AS A BU ATION AATION	NO	PART 2 OTHER SH	GNIFICANT CONDITIONS C	ONTRIBUTING TO GEATH	BUT NOT RELA	ATEO TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN PA	ART 1 a						
- A	"PENDIN "PENDIN SED AS A HEALTH CREMAT	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	TION FOR	WHICH OPER	ATION WA	S PERFOR	RMED?	000				20 A	UTOPSY?	
VITA	SHO ORD ORD ORD ORD	TIF								title.			135.6	Muz		ES 🗌	NO X
DIVISION OF	THE WO THE WO TO THE HOULD BE KRTMENT R TO BURI	1 =	UNDERLYING	L CAUSE WAS OR NG CAUSE OF D		HTMOMC	DAY YEAR 16 19 5		WINDER	0 6		no of inju	JRY IN ITEM 18 P	PART 1 OR PA	ART 2)		
DIVISI	VRITING VRITING ARDED GE 3 SH VTE DEP	MEDIC	21d. INJURY C WHILE AT WORK	NOT WHILE AT WORK	21e PLACE STREET, FAC	TORY FARM, E		Nan	村 一	nt Blu	rd at	GITY OR TOW	William.	Ball	D.	na :	STATE
	R: TE, VES		22a. I certif	y that I took charge	af the remains de	scribed abo	ve, held on	Autopsy	, П.	Inspectio	X	Inquiry	X 00	d in my o	ninian		
	ANINE FICA		death results		al couses ,	Accident	M	cide	Homi			rmined ma		o in my o	pimon	1	,
	E CERTI DUID B L DIRE		ACTUAL SIGNATURE_	TCM	radown C	1 Do	n Auto	- 444	THE (S	PECITY)	-			DATE	7	/16/	83
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALCIMORE, M.	/	EXAMINER'S	NAME J. C	roccan	OLDO	norran	M D		2112		CAL EXAM		2	122	2 1	
	A A G E A A G	22a BI	TYPE OR PRIN	ION.REMOVAL 23	rossan		NAME OF CEM					CATION	Ave.	.,ва	TE.	, Ma	
		(5	rial	IOIN, REMOVAL Z	7/20/83		Garden				CITY	ORTOWN		cou	NTY	STA	ATE
	BP	-	INERAL DIREC							25a. DATE		timo REGISTRA		STRAR'S	MGN C	JPE	and
	(VR A15 ME (5)) 15M 7/77	D	Duda-	Ruck, I	nc., Ba	ltim	ore, l	Mary	land	JU	119	1983	100	mo	N W	muy	



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIERE 3

REGISTRAR			CERTIF	ICATE OF DEATH	REG. 1	٧٥.	
I. DÉCEASED NAME FIRS		S B	0.4	AST	20 DATE OF DEATH	MONTH DAT	Ca Th HOUR
3 SEX	14 RACE	10	DATE C	UTLEY	6 AGE (IN YEARS LAST B	INTHOAY) IF CAME	13 /5
Male	Caucas			ber 22,1916	66	YRS YRS	DATS HOW AN
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY		ATH
Virginia	U.	~ ^	MARRIEI		Baltimore	County	1
III CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPA	TION 12b.	KIND OF BUSINESS C
Randallstown	Baltimo	re County	Gene	eral Hospital	Carpenter	OF WORKING LIFE)	S. A.
USUAL RESIDENCE (IF NURSING HO 130_STATE 13b. C) Maryland Bo	me or other institution ounty altimore	GIVE RESIDENCE BEFORE AD 134. CITY OR TOWN Woodstoo	-	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 10804 Acm		21163
14 FATHER'S NAME				15 MOTHER'S MAIDEN NA			
John	WIDDLE	Brantl	1071	Mary	MIDDLE		Nash
160 WAS DECEASED EVER IN U.S		166 SOCIAL SECURIT		17 INFORMANT	ADD	RESS	114011
(YES, NO OR UNKNOWN) (IF YE	W. W. II	214-03-07	797	Virginia Bro	antleu 108	104 Acme A	venue 2116
18 CAUSE OF DEATH (Ent	er only one couse per						APPROXIMATE INTERVAL
PART I. DEATH WAS CA	AUSED BY: DIATE CAUSE (0)	CARDIO	12	SAIRATER	21. ARI	2457	
4100		D. I.S. J. CONTROLLER	CE 01		1		
Conditions, if any, which		AG CONSEQUENCE	A.	zel MLDalan	. FARM		
gove rise to immediat	e)	7		1	7 -00		
underlying couse los	DUE IO. O	R AS A CONSEQUENC	CE OF				
PART 2 OTHER SIGNIFICA	NI CONDITIONS CO	ONTRIBUTING TO DE	ATH BLIT	NOT RELATED TO THE TERM	AINIAL DISEASE OR COL	IDITION CIVEN IN	DADY 1
2 RECENT	Lunesi	15- 1111		WDIAL INT	/ .	DIABLETA	. 4 -11 -
RECENT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	196 COND	ITION FOR WHICH OF			20a AUTOPSI?	20b IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
THE STATE OF THE S					YES NOT	YES [NO [
On Contraction of Court of		FINJURY M. MONTH DAY	YFAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR	PART 2)
(IF EITHER NOTIFY MEDICAL EXA	N DEATH	M.	19				
21d INJURY OCCURRED	21e. PLACE	OF INJURY	1 575)	211 LOCATION	CITY OR I	OWN CO	UNIY STATE
WHILE D NOT WHILE D] TAT HOME STI	REEL PACIONY OFFICE, PANA	(E(C)	01		n /	25
22a 1 certify that (I) (this I	nospital) attended th	e deceased from	1-	19 8	3 . 10	11 19 8	that (I) (we) la
sow the deceased pliv above, (1) (we) (did) (d	e on	19.8	3. on	nd that in (my) (our) opinion	death occurred on the	date and hour and fi	rom the couses stated
226. SIGNATURE	d not view the body	offer death.	-	DEGREE		22	DATE SIGNED
(00	men			ATTENDING PHYSICIAN	MEDICAL STA		7-21-83
224. PHYSICIAN'S NAME (TYPE OR PRINT)			22e. ADDRESS	_ DIRECTOR _ PHTS	CIANLET	1-11-
ORIANDO	B. Con	tute 14	D -	BC64-R	ANDAUS Z	DON hy	2/133
230 BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION		
Burial	July	25,1983 Gr	anit	te Presbyteri	an Woodstoc	k Baltimo	re Marylar
24 FUNERAL DIRECT Poring	g Byers Fr	meral Dire	ector	rs. Inc. 250 DAI		251 R GISTRAR'S	CO CHELLA
8728 Liberty R	pad Randa	allstown, M	1d.	21133	NF 7 7 1902	Jonne	

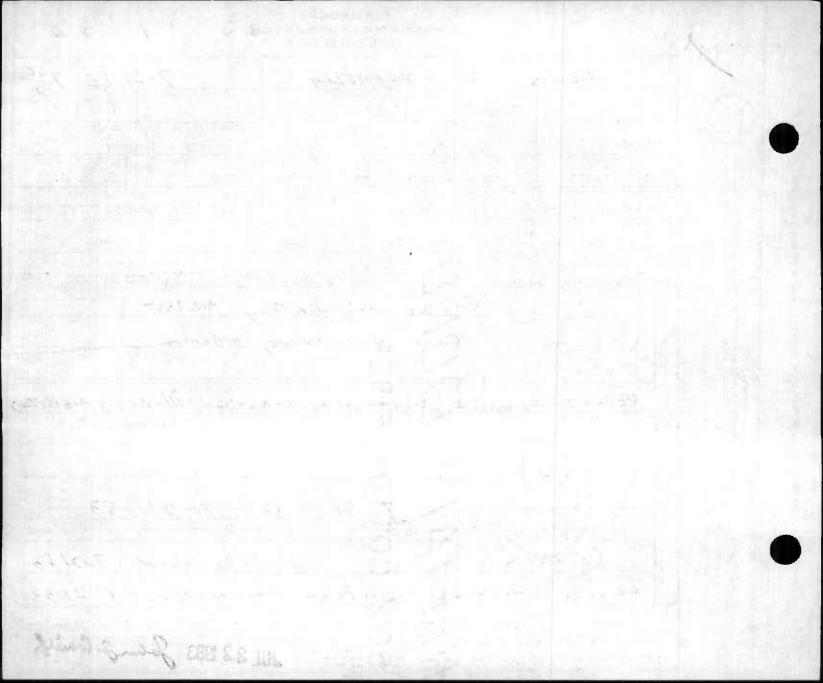
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove cortian with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar in

OR ATTENDING PHYSICIAN: The low requires that the death

injury, or other traumatic

MPORTANT: If Hem 21 is marked or Hem 18 shar



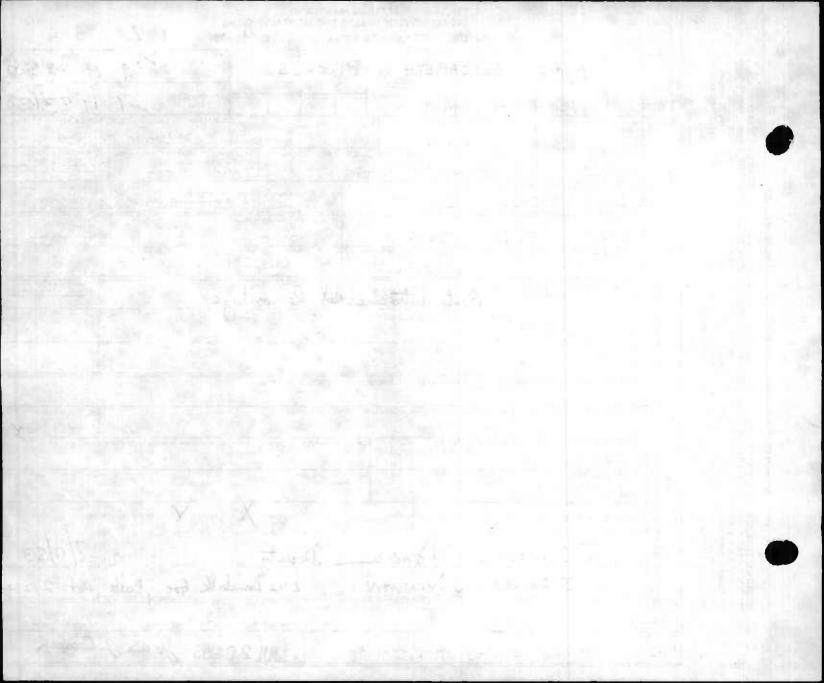
10	YY DEAY IS NECSSARY O 3 TO THE FUNERA DIR ALI PAGE 5 TO W ULD BE HIED WITHIN TO ORDS ON WEST
ALTIMORE, MD. 215	AFTER DEATH. IF AN IVE PAGES 1, 2, AN IVE PAGES 1, 2, AN IVE FORM PM 3. REAGES 1 AND 2 SHOIL SION OF VITAL REC
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	DO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEATHER DEATH IN THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DISPETANCE HOURS WITH FORM PM. 3. RETAIL PAGES SHOULD BE FORWARDED TO THE CHIEF ARDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIL PAGES SHOULD BE USED AS A BURIAL. FRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILE WITH A STEED AS A BURIAL. FRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILE WITH A PROPERTY OF HEATTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORD.
DIVISIO	TO MEDICAL EXAMINER: THIS CERTIIING EXECUTE THE CERTII CATE, WRITING FACE A HOULD BE FORWARDED IN FOR THE DEAL WITH THE STATE DEPAL BATTER DEAL WITH THE WITH T

1.00		SED NAME	FIRST	ME	DICAL	EXAMINER'S	CERTIFICATE	OFDEA	TH 20 DATE KNO	REG. NO.	MONTH D	DAY YEAR
		PRINT)					, a		OF ES	STI: VA		
0.58	· v	4 RAC	John	5. DATE OF BIRTH	E.		ridges	ER 24 HRS.	2c. DATE	ALED []	7 4	1983
-				MONTH DAY	YEAR 01	LAST BIRTHDAY) MOT	THE DAYS HOURS	MIN.	PRONOUNCE! DEAD	D	7 1	1.83
	ale BIRTH	PLACE (STATE OR	ite	8 2		81 YRS.			9 BALTIMORI	E CITY OR C	COUNTY	
FC	OREIG	yland		U.S.A.		MAR	RIED NEVER MA	RRIED L		more		
		OR TOWN OF DE	ATH		SPITAL, NU	JRSING HOME, OR OT			IAL OCCUPATI			KIND OF B
/ C	at	onsville		124 F	OFAST	Drive		Coc	AOST OF WORKING \mathbf{k}	LIFE	Se	OR INDUS
USU	JAL R	ESIDENCE (IF IN NI		OTHER INSTITUTION, G	OVE RESIDENCE	E BEFORE ADMISSION)	to a management	lu con				
	STAT	vland	Balt	imore		y OR TOWN onsville	13d INSIDECITY LIMITS YES NO		Fores	t Driv	ve 2	1228
		ER'S NAME	1 -41-				TS MOTHER'S MA					LAST
		John John		E.		Bridges	Heler		MIDDLE		M	ullen
	WAS	DECEASED EVER	IN U.S. ARM			CIAL SECURITY NO.	17. INFORMANT	177111		ADDRESS		600
	. 6.5, 19	NO	(4 153, 0146 4	THE UNITED!	Una	vailable	Edgar M.	Bridg	ges 552	Balsa	am La	ne, I1
		Conditions, if gave rise to cause (a) statin	immediate g the <u>under-</u>	(b) DUE TO, OF	R AS A COM	NSEQUENCE OF						
NO		gave rise to cause (a) statin lying couse lost	immediate g the <u>under</u> -	DUE TO, OF		NSEQUENCE OF	ASE OR CONDITION GIVEN IP	PART I al.				
CATION		gave rise to cause (a) statin lying couse lost	immediate g the <u>under-</u>	DUE TO, OF	H BUT NOT REL			PART I us.				20 AUTOPS
RTIFICATION		gove rise to couse (a) statin lying couse lost RT 2 DTHER SIGNIFICAL B DATE OF OPER	immediate g the under- : NT CONDITIONS C	DUE TO, OF	BUT NOT REL	ATED TO THE TERMINAL DISE	WAS PERFORMED?					YES 🗆
L CERTIFICATION		gove rise to cause (a) statin lying couse lost of the SIGNIFICA DATE OF OPER a EXTERNAL CAUNDERLYING	immediate g the under- HT (DNDITIDNS C	DUE TO, OF	H BUT NOT REL	WHICH OPERATION 1 DAY YEAR 21c.	WAS PERFORMED?	RRED (ENTER)		IN ITEM 18 PART		YES 🗆
DICAL CERTIFICATION		gove rise to cause (a) statin lying couse lost RT 2 DTHER SIGNIFICA DATE OF OPER EXTERNAL CAL NDERLYING MONTRIBUTING	immediate g the under- TONDITIONS (ATION USE WAS OR CAUSE OF D	DUE TO, OF (c) DHIRIBUTING ID DEATH 196 COND 216. TIME C HOUR A./	H BUT NOT REL	WHICH OPERATION 1 DAY YEAR 4 1983	WAS PERFORMED?	RRED (ENTER)		IN ITEM 18 PART		YES 🗆
MEDICAL CERTIFICATION	19 21 UN CC 21	gove rise to couse (a) statin lying couse lost RT 2 DTHER SIGNIFICATE DATE OF OPER CONTRIBUTING DON'T RIBUTING DON'T RIBUTING THILE NOT	immediate g the under- TONDITIONS (ATION USE WAS OR CAUSE OF D	DUE TO, OF	H BUT NOT REL	WHICH OPERATION H DAY YEAR 4 1983 S (ATHOME. 211 L	was performed? HOW INJURY OCCUI LUB	house	fire		T I OR PART ?)	YES .
MEDICAL CERTIFICATION	19 21 UN CC 21	gove rise to cause (a) statin lying couse lost of Date of Oper Date of	ATION OR CAUSE OF D REED WHILE WHILE WORK	DUE TO, OF	H BUT NOT REL. OF INJURY M. MONTH M. 7 OF INJURY CTORY, FARM, I	WHICH OPERATION H DAY YEAR 4 19 83 Y (AT HOME. 211 L	was performed? HOW INJURY OCCUI Ubject in OCATION STREET 4 Forest [house	fire	sville	T I OR PART ?)	YES
MEDICAL CERTIFICATION	21 UN CC 211 WA	gove rise to cause (a) statin lying couse lost of Date of Oper Date of	ATION ATION OR CAUSE OF D WHILE VORK I took chorge	DUE TO, OF (c) DNIRIBUTING ID DEATH 196 COND 216. TIME C HOUR A./ PEATH 4: 30%; 21e PLACE STREET, PAC	H BUT NOT REL. OF INJURY M. MONTH M. 7 OF INJURY CTORY, FARM, I	WHICH OPERATION A DAY YEAR 4 19 83 S Y (ATHOME. 211 L 1 2 ave, held an Auto	was performed? HOW INJURY OCCUI Ubject in OCATION STREET 4 Forest [house	fire Catons	sville	COUNTY, Balt	YES
MEDICAL CERTIFICATION	21 UN CCC 210 WAA	gove rise to cause (a) statin lying cause (b) statin lying cause lost RT 2 DIHER SIGNIFICA DATE OF OPER EXTERNAL CAU NOERLYING AT VIOLET AT VIOLET 220. I certify that	ATION ATION OR CAUSE OF D WHILE VORK I took chorge	DNIRIBUTING TO DEATH 196 COND 216. TIME CO HOUR A./ 4: 30 %.) 21e PLACE STREET, FA: H	DE INJURY M. MONTH M. 7 OF INJURY OME OSCIPLIA OSCIPLIA	WHICH OPERATION A DAY YEAR 4 19 83 S Y (ATHOME. 211 L 1 2 ave, held an Auto	WAS PERFORMED? HOW INJURY OCCUI Ub ject in OCATION STREET 4 Forest [popsy] Inspec	house orive, tion XX	fire City OR TOWN Catons Inquiry	oville ondur	COUNTY, Balt	YES
MEDICAL CERTIFICATION	21 UN CCC 21 WAA	gove rise to couse (a) statin lying couse lost RT 2 DTHER SIGNIFICATE DATE OF OPER CONTRIBUTING ON TRIBUTING ON TRIBUTING OF TWORK AT V. 220. I certify that leath resulted from the couled fr	ATION OR CAUSE OF DERED WHILE XVORK I took charge	DNIRIBUTING TO DEATH 196 COND 216. TIME CO HOUR A./ 4: 30 %.) 21e PLACE STREET, FA: H	DE INJURY M. MONTH M. 7 OF INJURY OF INJURY A. Accident	WHICH OPERATION H DAY YEAR 4 19 83 S Y (ATHOME. 211 L 1 2 ave, held an Auto Suicide	WAS PERFORMED? HOW INJURY OCCUI Ub ject in OCATION STREET 4 Forest [Opsy	house house rive, tion XX Under	Catons Inquiry Cermined monne	SVIII @ ond ir	COUNTY, Balt	YES
2	19 2T UN CCC 21 WAA	gove rise to couse (a) statin lying couse lost to statin lying couse lost RT 2 DTHER SIGNIFICATE DATE OF OPER COUNTRIBUTING TO STRIBUTING TO AT VICTOR TO STRIBUTING TO STRIBUTIN	ATION ATION ISE WAS OR CAUSE OF D RED WHILE (X) I took chorge Nature	DNIRIBUTING TO DEATH 196 COND 216. TIME C HOR A. 216 PLACE STREET, FACE and to courses 178 F. S	DE INJURY M. MONTH OF INJURY OF INJURY OF INJURY Accident	WHICH OPERATION H DAY YEAR 4 19 83 S Y (ATHOME. 211 L 1 2 ave, held an Auto Suicide	WAS PERFORMED? HOW INJURY OCCUP Ubject in OCATION STREET 4 Forest DOPSY Homicide TITLE (SPECIFY M.D. ASSISTA ADDRESS OR CREMATORY	house orive, tion XX Under	CITY OR TOWN Catons Inquiry Ermined monne	oville , onder er .	COUNTY, Balt	YES

1. 201 6- 800 Per general

20M 4/82

STATE OF MARYLAND



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completely filled in by 1 I and 2 should be filed

puo

the ottending plymoun

should be detached for use as the burial-transit permit. Then please remove corbon adpart. Pages I and 3 the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or offending physician

injury, or other troumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

230. BURIAL, CREMATION, REMOVAL

FOR - STATE PEGISTRAP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGING CERTIFICATE OF DEATH

	7	Arra .	Lan	Ava
		5	2	S
	-			

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	٥.		
		CEASED NAME FIRST FRANCI		BRO		AST	July 26,		DAY YEAR	8:05P _M
	3. SEX	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
	3	ALS	CUH;	TE.	MONTH	- 12. 1921	61	YRS.	MONTHS DATS	HOURS MIN
7		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O		Y OF DEATH	
	Ti	COUNTRY	11.5	A.	WIDOWE	D NEVER MARRIED DIVORCED DI	Baltimore	Coun	tv	MD.
	10. CI	TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON	12b. KIND C	F BUSINESS OR
1	55	555X	FRA	CHEACILITY, GIVE STREET	Squ	ARE HOSP.	CLERK	F WORKING I	BAL"	TO. POL
		AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOWN		1134. INSIDE CITY LIMITS	13e STREET ADDRESS		3	13.34
1	1	ARYLAND BAI	Shoul	CARASI	1	YES NO D	2810 2AS	CTO	OPPA	ROAD
y	14. FA	ATHER'S NAME	MIDDLE	_ LAST		15. MOTHER'S MAIDEN NAM	ME		IAS	CT.
Ç,	2	JOHN F		BROWN	1	LEONA			ABB	TTO
,		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
		15 W(UII .	312 16	0711	FAMILY	RECORD	15		
		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE	D BY:		iac A	rract			BETWEEN	MATE INTERVAL ONSET AND DEATH
7		4100 IMMEDIA	TE CAUSE (o)	Caru	iac A	11636				
			DUE TO, C	MYOCAL	NCE OF	Infarction ar	nd Ponal Fa	ilure		
	- 14	Conditions, if any, which gove rise to immediate	(b)_	Hyocal	ulai	Illiai Coloni ai	id Kellal Ta	Truic		
		couse (o), stoting the underlying couse lost.	DUE TO, C	R AS A CONSEQUE	NCE OF	Hoant Failum			11.79	
			(c)			Heart Failure		0.17101110	14-14-14-15-14-14-14-14-14-14-14-14-14-14-14-14-14-	
	NO	PART 2 OTHER SIGNIFICANT	_		_		IN AL DISEASE OR CON	DILION GI	IVEN IN PART II	5
1	CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	OF DEATH?
	RTI	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	SE INTUINA		21c HOW INJURY OCCURR	YES NO X		ES 🗌	NO 🗆
)		OR CONTRIBUTING CAUSE OF DE	LIOUS A		Y YEAR	TIC HOW HOJORT OCCORR	ED ENTER NATURE OF INJUI	CA IM IIEW IR	PART (OR PART 2)	
	ICA	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19	100171011				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	711. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I (this hosp saw the decays alive or	itoli) ottended ti	ne deceosed from	₃ July	1, 19 83		6,		that (I) (we) lost
		abave, (I) (we) (did) (did no	ot) view the body	ofter death			death occurred on the de	ofe and ho		
	6	1226. SIGNATURE	le Cat	la, m.1)	?	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF IAN	7-3	26-83
_		PHYSICIAN'S NAME (TYPE	OR PRINT)		18.7	27e ADDRESS				
		James P. De	La Flo	r, M.D.		9000 Frank	lin Square	Drive	e - 2123	17

BP___

DHMH - 16 50M 4/82 (VRA 15, 4) 74 FUNERAL DIRECTOR
SUPPOSE TO SOLUTION ADDRESS HORESS ADDRESS

236. DATE

136. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
2552X

BELT TORE MAR

JUL 29 1983

Beneford to the the will your 19-26-53 Manager and July 2018 of the second street of the s

	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		5 5	6
death death		CEASED NAME OR PRINT)	FIRST Ham	ilton	Disston	BROW	N AST	July 21	, 1983	· YEAR	9:35 P _M
after de	3. SE	Male		Caucas	sian	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	IF UNDER 24 HRS
(M)		RTHPLACE (STATE OR F COUNTRY)	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o Baltimore			MD.
137	В	altimore	ТН	(IF NOT IN SUC	H FACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	David David	son Tra
o de la company	13a. S	AL RESIDENCE (IF NURS STATE Md. •	13L COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOW Balto	N	13d. INSIDE CITY LIMITS? YES X NO 1	3810 For	reste	r Ave	21206
	14. F.A	Hamilton		B.	Brot	m	15. MOTHER'S MAIDEN NAME FIRST Dorothy	MIDDLE		Kuns	
Pages 1	16a V	YAS DECEASED EVER		MED FORCES? E WAR OR DATES)	212-30-		17 INFORMANT Barbara E	Brown, 381	o For:	reste	21206 r Ave.
gned by the attending physic in please remainer carbangope burial, crematian, ar remaval ry, or other traumatic event, t		Conditions, if any, gove rise to improve the improve to improve the improvement to improve the improve the improvement to improve the improvement to improve the improve the improvement to improve the imp	which mediate g the lost.	DUE TO, OI (b) DUE TO, OI (c)	A cute R AS A CONSEQUE DITRIBUTING TO D	NCE OF	pot a relief Les le Coir	elevosen INALDISEASE OR CONI	Que du	enge IN PART TIO	0
has been sig	CERTIFICATION	19a DATE OF OPERA	IÓN	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII	NG CAUSES	
certificate vial-transit ental Hygii ttem 18 sh	-	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEA		M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IB PART	T OR PART ?}	
os the bur th and Me arked ar th	MEDICAL	21d INJURY OCCUR!	ILE 🗆	210 PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
for use of Heal		22a.1 certify that (1) saw the decease above, (1) (we) (c		4 4	//	July 183 4	nd that in (my) (aur) opinian a	deoth occurred an the de	ote and havr a	nd Iram the	
RAL DIREC		SIGNATURE	Die	5 C	de l		ATTENDING PHYSICIAN 2	MEDICAL STAF	IAN []	22¢ DATE	SIGNED
ould be of the Store	N	Dr.	Golds	cher				aven Blvd.,	Balti	more,	MD

23c. NAME OF CEMETERY OR CREMATORY

Baltimore, Maryland

JUL 25 198?

DHMH - 16 50M 4/82

(VRA 15, 4)

73a BURIAL, CREMATION, REMOVAL Burial

23b. DATE

He / Land Land באול ליליבל באיון לבחיו זייי . 1 3011 ourseaunt aus 2120 at leaster on other rapes andered with Tallette . The target and a con Parties of surpless of surpless of surpless of surpless LANDING FLANTER SELECTION

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HY RE 3 17 5 5 7

41	Τ-	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HY	REG. NO.	
		CEASED NAME	FIRST		MIDDLE	L.	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
10	{TYPE	OR PRINT)	SALIE		NMN	RD	OWN	06	5 25 88 5:1
	3. SEX		JAL IL	4. RACE	INLAIN	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	1	EMALE		BLAC	K	02	14 DAY 1900	83 Y	RS. MONTHS DAYS HOURS (
	7a. Bil	RTHPLACE (STATE OR	FOREIGN		F WHAT COUN			9 BALTIMORE CITY OR COL	
92	(Va.		U	ISA	WIDOWE	NEVER MARRIED DIVORCED	BALT IMORE	COUNTY
-	10 CI	TY OR TOWN OF DEA		11. NAME O	F HOSPITAL, NI	URSING HOME O	B OTHERNICION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS
56	T	OWSON		6701	NORTH	CHARLE		Housewife	INDUSTRY
50		AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTIO	DN. GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 2	1204
20		Md.	pa1	to.	Luthe	rville	-	619 Seminar	y Ave.
30	14. FA	Richard		MIDDLE	Gaskin	is Sr.	15. MOTHER'S MAIDEN NA	WE	Peterson
	16a. V	VAS DECEASED EVER				SECURITY NO.	17 INFORMANT	ADDRESS	
	()	NO NOR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-5	54-9930	Arthur Bro	wn 619 Semin	nary Ave.
		18 CAUSE OF DEAT	U Enter no	ly nne cause n	er line for (a), (t	b), and ic			APPROXIMATE INTERVA BETWEEN ONSET AND DE
			L Fillet Oll						
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE IMMEDIAT	E CAUSE (o)_	CARDIC	PULMU	NARY ARREST		5 MINUTE
		PART I. DEATH W. Conditions, if any gave rise to improve to improve to improve to improve to improve to improve the course the cour	MMEDIAT which mediate ng the	DUE TO,	OR AS A CONS	SEQUENCE OF			5 MINUTE 2 DAYS 1 DAY
		Conditions, if any gave rise to improve (a), static underlying cause	, which mediate ng the	DUE TO, (b) DUE TO, (c)	OR AS A CONS SEPSIS OR AS A CONS HYPOTH	SEQUENCE OF SANEMI SEQUENCE OF HERMIA	A	MINAL DISEASE OR CONDITION	2 DAYS
	NOI	Conditions, if any gave rise to imicouse (a), statir underlying cause	, which mediate the last.	DUE TO, (b) DUE TO, (c)	OR AS A CONS SEPSIS OR AS A CONS HYPOTH	SEQUENCE OF SANEMI SEQUENCE OF HERMIA	A		2 DAYS
9	TIFICATION	Conditions, if any gave rise to imicouse (a), statir underlying cause	, which mediate the last.	DUE TO, (b) DUE TO, (c) CONDITIONS	OR AS A CONS SEPS 1S OR AS A CONS HYPOTH CONTRIBUTING	SEQUENCE OF SANEMI SEQUENCE OF HERMIA G TO DEATH BUT CONTROL	A	MINAL DISEASE OR CONDITION 200 AUTOPSY? 206. 1	2 DAYS
9	A CERTIFICATION	Conditions, if any gove rise to immunderlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING	, which mediate the last. NIFICANT CLAST ON LONG CAUSE OF DEA	DUE TO, DUE TO, DUE TO, CONDITIONS. ES OU 196 CON 216. TIME HOUR	OR AS A CONS SEPSIS OR AS A CONS HYPOTH CONTRIBUTION JT OF (JULITION FOR W OF INJURY A.M. MONTH	SEQUENCE OF ANEMIA SEQUENCE OF IERMIA G TO DEATH BUT CONTROL WHICH OPERATION	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION 20a AUTOPSY? 20b. 1 IN CI	2 DAYS 1 DAY IN GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH' YES NO NO
99	MEDICAL CERTIFICATION	Conditions, if any gove rise to improve to improve to improve to improve the couse (a), stating the couse (a), stating the couse (a), and couse the couse to the couse	, which mediate go the last. NIFICANT CLASS TION DERLYING CAUSE OF DEAL EXAMINER RED	E CAUSE (0)_ DUE TO, (b)_ DUE TO, (c)_ CONDITIONS, ES OU 19b CON 21b TIME HOUR 21e PLACE	OR AS A CONS SEPSIS OR AS A CONS HYPOTH CONTRIBUTION JT OF (JULITION FOR W	SEQUENCE OF ANEMIA SEQUENCE OF HERMIA STO DEATH BUT CONTROL CHICH OPERATION H DAY YEAR 19	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO	2 DAYS 1 DAY IN GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH' YES NO NO
99		Conditions, if any gave rise to imm couse to storing underlying cause PART 2 OTHER SIGN D 21a ACCIDENT WAS UN OR CONTRIBUTING (FETTMER NOTHY MED) 21d IN JURY OCCUR WHILE IN JURY OCCUR	, which mediate and the property of the proper	E CAUSE (0)_ DUE TO, (b)_ DUE TO, (c)_ ONDITIONS E S OL 19b CON 21b, TIME HOUR) 21e PLAC (AT HOME	OR AS A CONS SEPSIS OR AS A CONS HYPOTH CONTRIBUTING JT OF (IDITION FOR W OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY OF	SEQUENCE OF ANEMIA SEQUENCE OF IERMIA TO DEATH BUT CONTROL HICH OPERATION TO DAY YEAR 19 FFICE, FARM ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET	AINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURY IN ITE!	2 DAYS 1 DAY IN GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
99		Conditions, if any gave rise to immicouse (a), storing underlying cause PART 2 OTHER SIGN D 21a ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTHY MED) 21d IN JURY OCCUR WHILE AT WORK AT WORK 22a I certify that	, which mediate and the property of the proper	E CAUSE (o)_ DUE TO, (b)_ DUE TO, (c)_ ONDITIONS ES OL 19b CON 21b TIME HOUR 21e PLAC (AT HOME	OR AS A CONS SEPSIS OR AS A CONS HYPOTH CONTRIBUTING JT OF (IDITION FOR W OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY OF	SEQUENCE OF ANEMIA SEQUENCE OF IERMIA TO DEATH BUT CONTROL HICH OPERATION TO DAY YEAR 19 FFICE, FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET	AINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURY IN ITEA CITY OR TOWN 6-25	2 DAYS 1 DAY N GIVEN IN PART 1(0) FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO NO MAIN PART 2)
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7		Conditions, if any gove rise to immediate to immediate to immediate the course the course to immediate the course the cours	, which mediate ong the lost. NIFICANT C ABE TION CAUSE OF DEA CAL EXAMINER RED Other body and the condidition of the condition of the condit	E CAUSE (o)_ DUE TO, (b)_ DUE TO, (c)_ ONDITIONS ES OU 196 CON 216 PLAC (AT HOME 1 view the box	OR AS A CONS SEPSIS OR AS A CONS HYPOTH CONTRIBUTING JT OF (IDITION FOR W OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY OF dy after death.	SEQUENCE OF ANEMIA SEQUENCE OF IERMIA STODEATH BUT CONTROL HICH OPERATION TO DAY YEAR 19 FFICE, FARM, ETC.) Trom 6 19 83 , on	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET -25 19 83 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22c. ADDRESS	AINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURY IN ITE CITY OR TOWN 6-25 death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	2 DAYS 1 DAY N GIVEN IN PART 1(0) FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH' YES NO NO NO COUNTY STA' COUNTY STA' 19 83 that (1) (we defend a course state of the course of th
7	WEDICAL WEDICAL	Conditions, if any gove rise to imicouse (a), storing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTEY MED) 21d INJURY OCCUR WHILE AND ALWO 22a Certify that (1) sow the decess above (11) we (2) 22b. SIGNATURE 22d. PHYSICIAN'S N.	, which mediate age the selection of the	DUE TO, DUE TO, (c) DUE TO, (c) ONDITIONS. ES OU 196 CON 216 PLAC (AT HOME tol) ottended 6 - 2 E 1 view the both	OR AS A CONS SEPSIS OR AS A CONS HYPOTH CONTRIBUTING JT OF (IDITION FOR W OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY OF dy after death.	SEQUENCE OF ANEMIA SEQUENCE OF IERMIA STO DEATH BUT CONTROL HICH OPERATION TO DAY YEAR 19 FFICE, FARM ETC.) TO T	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET -25 19 3d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	AINAL DISEASE OR CONDITION 20a AUTOPSY? YES NO	2 DAYS 1 DAY IN GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH' YES NO

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND

FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	ME S	0. 1	5 0
1. DECEASED NAME (TYRE OR PRINT) Burto	n Earl BUHNE		LAST	July 18,	1983	25. HOUR 2:01 P
3. SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		R 1 YEAR IF UNDER 24 HRS
Male	White	Ma	rch 8,1927	56	YRS.	
76. BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTRY USA	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Baltimore City of Baltimor	e County	MD.
Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVESTRE Franklin Sqi	uare H	lospital	Sheet Meta	ION 12b. I Worker	USTRY OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR 136. STATE 136. COUN Maryland Balt	other institution, give residence before to imore Middle	WN	134. INSIDE CITY LIMITS? YES NO 🛣	130. STREET ADDRESS 1205 Fus	elage Ave	. 21220
14. FATHER'S NAME FIRST August Buhner	MIDDLE LAST		15 MOTHER'S MAIDEN NAME FIRST Isabe	el Bean		LAST
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV Yes	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 216-20		17. INFORMANT Yvonne Hofme:	ADDR ister 120 W		op Rd. 21220
SO 70 Conditions, if ony, which	ly one couse per line for (p), (b), (b) BY: Pu Imon E CAUSE (o) DUE TO, OR AS A CONSEC		neumonitis And		iratory	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	UENCE OF	Distress Synd	rolle		
	CONDITIONS CONTRIBUTING TO	O DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN F	PART 1ro
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES ★ NO□		FINDINGS USED CAUSES OF DEATH? NO
OR CONTRIBUTION CALLET OF DE	UH.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)
I IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM ETC)	21f. LOCATION STREET	CITY OR TO	OWN COL	UNTY STATE

(this hospital) attended the deceased from

July

, and that in (rad (our) opinion death occurred on the date and hour and from the causes stated

DEGREE SIGNATURE

23b. DATE

July

m 6 220 ADDRESS

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22c. DATE SIGNED 7/18/83

STATE

GNK

23c. NAME OF CEMETERY OR CREMATORY

9000 Franklin Square Dr., 21237

23e. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

Greenmount

P34 LOCATION
CITYOR TOWN
Baltimore City, Md.

24. FUNERAL DIRECTOR

6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

20,1983

DHMH - 16 50M 4/82 (VRA 15, 4)

etoined by the hospital or offending physicio ATTENDING

TO HOSPITAL

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, th

MPORTANT: If them 21 is marked or them 18 shows any

it wood to work and the second of the second are a subject of the ive I SE ISUAL IS appeared to a valuation of the Columbia and the St of North Co recont -LL & LL. its ell-ime of mon, ic. atto, d.2112 deoth. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	1 7	5	9
	CEASED NAME	FIRST		MIDDLE	ţ	AST	26. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(TYPE	J.		WILM	IER	BUTLI	ER	0	7 22 8	33	м
3 SE	x		4 RACE		5. DATE C		6 AGE IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
	MALE	-, -, -	WHITE		0 8 O	2 9 0 5	7	7 YRS	NIHS! DAYS	HOURS MIN.
	RTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN	16 CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVER MARRIED D	BALTO.	OR COUNTY C		MD.
	XXXXX TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPAT HYPE OF WORK FOR MOST Retired E	of working Life)	INDUSTRY	F BUSINESS OR
13a. S	AL RESIDENCE (IF NURS STATE aryland	136 COUN	OTHER INSTITUTION.		RE ADMISSION)		130. STREET ADDRESS 204 E J	(APT	1201) RD.	21204
14. F.A	THER'S NAME FRST Frederic		MIDDLE C.	Butle	r	IS. MOTHER'S MAIDEN NAM Annie	ME C.		Stolze	nbach
	VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
N	YES, NO OR UNKNOWN]	(IF YES GIV	E WAR OR DATES)	215-03-	5513	Lois G. Butle	er, Same As	#13e	21204	
CERTIFICATION	Conditions, if ony gave rise to imm couse (a), statis underlying couse PART 2 OTHER SIGN	, which mediate ng the lost	DUE TO, O	R AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE	UENCE OF UENCE OF DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b IF YES,	WERE FINDIN	NGS USED
TIFIC	Day Fall						YES NO	YES	ING CAUSES	NO [
	216 ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE	HOUR A.	FINJURY M. MONTH I	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM TO PAR	T T OR PART 2)	
MEDICAL	21d INJURY OCCUR WHILE NOT WI AT WORK AT WO		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	City OR T	OWN	COUNTY	STATE
	226 I certify that (I) sow the decease above, (I) (went) 226. SIGNATURE	a olive on		19	. 01		mEDICAL STA	AFF	1	
	22d. PHYSICIAN'S N.	AME (TYPE C	OR PRINT)			22e ADDRESS	h Hospital	-	, Md.	21204
	BURIAL, CREMATION,	REMOVAL			NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	Burial		7-26-	83 D	ulaney	Valley Memor		ysville		o. Md.
	ck Towson	Funer	al Home	ADDRESS	1050 owson,	York Rd. 259 DAT	E REC'D. BY REGISTRAL 11 2 5 1983	25h DEGISTR	0 0	ewelf -

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and completely filled in the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be firm with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

injury, or other froumotic event, th

MPORTANT: If them 21 is morked or them 18 shows ony

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSENE 3 FOR STATE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

	REGISTRAR			CLICITI	ICAIL OI D	LAIII	RI	G. NO.	57.			
	CEASED NAME FIRST	AA (DDLE	i	AST		20 DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR	
1,,,,,,	Sylvia	Svivia			Calves			7	7	83	3:20)am,
3 SE		4 RACE		5. DATE OF BIRTH			6 AGE IN YEARS L	AST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24	4 HRS
1	Female White			3 17 OO		ÖÖÖ	83	YR		IS DAYS	HOURS	MIN
	7a BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Havanna. Cuba USA			MARRIED NEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH					
				WIDOWED DIVORCED			Baltimore County				MD	
10 C	18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN				OR OTHER INST	ITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINESS O			SOR		
	Catonsville St. Martin's			Home for the Aged			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE					
USU 13a	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION G	3c. CITY OR TOW	N	134 INSIDE CI		13° SIREET ADD	RESS NF	99	99	5	
IA E	D.C.		Washing	con	YES X	MAIDEN NA		7		1	/	_
1		MIDDLE C	Colon			abel		DDEE	Cal	ves 'AS	1	
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORMAL			ADDRESS				
1	no	. WAN ON DAILS)	579-78-4	1348	Sr.	Doreen	Little S	isters	of	the	Poor	
CERTIFICATION	PART I. DEATH WAS CAUSE 1950 Conditions, if ony, which gove rise to immediate couse iot, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR DUE TO, OR DUE TO, OR (c) CONDITIONS CON	11/1	DEATH BUT			AINAL DISEASE OR	? 20b. IF	YES, WE	RE FINDI	NGS USED OF DEATH	12
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M P.M	. MONTH DA	19	21f. LOCATIO		RED (ENTER NATURE)	OR TOWN		OR PART 2)	STAT	TE
>	AT WORK AT WORK			m.	100		77	12				
	270. I certify that (I) (this haspital) extended the deceased from 19 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 270. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN											
	27d. PHYSICIAN BRIDE HUSEN THE BILL BILLS ON BULL BILLS								5			
230	BURIAL, CREMATION, REMOVAL				EMETERY OR C		23d. LOCATIO	7 7	COUN	NTY	STAT	E
	Burial	07-08-	-83	New	Cathed			nore Ci	three Martines		rylan	d
24. F	UNERAL DIRECTOR		ADDRESS		21229	250 DAT	E REC'D BY REGIS	JBAR 25h	BISTRAR	SSADIA	shel	1
H	ibbard Funeral 1	Home. Inc	4107 V	Vilker	ns Ave.	140	ME O N	U				

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached far use as the burial-transit permit. Then please with the State Dept. af Health and Mental Hygiene prior to burial, cri

MPORTANT: If Item 21 is

etained by the hospital or attending physician.

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BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and complete tilling the should be detached for use as the buriol-transit permit. Then please remave corbanpapers. Pages 1 and 2 situal the with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remavol.

MPORTANT: If them 21 is marked as Itema 8 shaws any injury, or ather traumatic event, the medical example itema by

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FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HY JENE 3
CERTIFICATE OF DEATH

17561

L		REGISTRAR		CERTI	FICALE OF DEATH	REG. NO.			
I		CEASED NAME FIRST		WIDDLE	LAST	20. DATE OF DEATH MONTH DA	YEAR 26 HOUR		
	Nicholas William Carne				ıcci	July 22, 1983	A.M		
ı	3. SEX	A. A	4 RACE		OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS		
	نني	Male	White	2 6	22 26	5/ YRS	And.		
1	7a. BIF	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH		
Maryland			u.s	A. WIDOW	ED DIVORCED	Baltimore (ounty			
10. CITY OR TOWN OF DEATH Eastwood			7227	HOSPITAL, NURSING HOME CHACILITY, GIVE STREET ADDRESS) ONLEY STREET	_	120 USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING LIFE) (INDUSTRY) ACCUPATION 120 USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING LIFE) 120 USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING LIFE)			
	130 5	AL RESIDENCE (IF NURSING HOME OF ATE 136 BOY	ROTHER INSTITUTION NIV	134. CITY OR JOWN	13d INSIDE CITY LIMITS? YES NO 🏞	13. STREET ADDRESS Conley Str	eet 21224		
	I4 FA	THER'S NAME Raymond	WIDDLE	Carrucci	IS MOTHER'S MAIDEN NA	Lizabeth Mary Pfe	ifer LAST		
I		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS			
	1.	ES, YOR UNKNOWN) (IF YING	W. 77	219-18-2832	Margaret Sti	erry St. 21205			
ľ		18 CAUSE OF DEATH Enter o	nly one couse per	line for (o), (b), and (c)		. /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUS	ED BY TE CAUSE (0)	ACUTE	MYOCARD.	IAT [NFARCTOI	4 6 HRS.		
1		4/00 DUE TO, OR AS ACONSEQUENCE OF							
1		Conditions, if any, which (b) CORDNAPLY ARTENY DISCASE 6 PLANS							
ł		gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF							
1		underlying couse lost. ("ATheroscienosis, Generativo 12 yenne							
Ì		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0							
ı	0 N								
1	CERTIFICATION	190 DATE OF OPERATION	19b. COND PER	ITION FOR WHICH OPERATION	on was performed hero schenos		WERE FINDINGS USED ING CAUSES OF DEATH?		
1		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME O		21¢ HOW INJURY OCCUR		T OR PART 2)		
ı	ICAI	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.						
1	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
1		AT WORK AT WORK		11.					
		27a I certify that (I) (this haspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19							
		saw the deceased alive ar above, (1) (we) (did) (did no		ofter death.	and that in (my) (our) opinion	death occurred on the date and hour o	and from the couses stated		
		22b. SIGNATURE	K. C	Total	DEGREE	MEDICAL CYACE	22c. DATE SIGNED		
		- paper,		cours	no ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/25/83		
		224. PHYSICIAN'S NAME (TYPE	OR PRINTI	10/10010	22e ADDRESS	le menuel	eran o		
1		SIEPHEN	10/1	TOUSSIS PM	STI AGN	us MEDICAL C	110 21229		
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION SHY OR TOWN	COUNTY STATE		
		Burial	1-25-	83 Oak Lo	own (emetery	Castwood, Ba	Lto.Co. Md.		
	24 FU	INERAL DIRECTOR	0.0	ADDRESS	258. DAT	TE REC'D. BY REGISTRAR 256, REGISTRA	AR'S SIGNATURE		
	U	rarles S. Zeile	r & Son	Inc. 6224 Eas	stern Ave. III	[25 1903 John	afforbillary of		

ismis Wiese Josephsie Josephsie 23,725 are an increase of the second in the second of reside delicate salves x /27 jours street /224 Careera Land Transport C. Careera Local Local Lands THE RESERVE TO A SECOND SECOND

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in thy the funeral throughout should be detached for use on the burieful chronist permit. Then please removed corbon papers. Pages I and 2 should be filled in the contemporary of the state of the plant of the permit of burieful committeen or removal.	MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examines must be initial

DEPARTMENT OF HEALTH AND MENTAL HYSTENE	3
CERTIFICATE OF DEATH	_

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1			0	2
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1	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYBENE 3 / 5 & CERTIFICATE OF DEATH REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYBENE 3 / 5 & CERTIFICATE OF DEATH REG. NO.										
		CEASED NAME FIRST	WIDDLE	ı	USNR, Re	MONTH DA	Y YEAR	26 HOUR				
/	TITPE	CDR. Edw	vin Lyle	Carpe	enter	July	22. 1	983	7.00 P.			
	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS			
00		Male	White		ember 6,192	3 59	YRS.					
a	(RTHPLACE (STATE OF FOREIGN	16. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O						
7	T 0 T	w York	USA	WIDOWE		Baltimore			MD.			
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	T ADDRESS)		120 USUAL OCCUPATI			F BUSINESS OR			
/		imonium	202 E. Timoni		oad, 21093	Manager	Serv.	Defer	se			
5	13a S	TATE 136 COUN	13c. CITY OR TO	WN		13e. STREET ADDRESS						
4		laryland Balt	timore Timoni	um	YES NO X	202 E. T	imoniu	m Rd.	21093			
1	IN FA	FIRST	MIDDLE LAST		FIRST	MIDDLE		LAST				
U	16a W	VAS DECEASED EVER IN U.S. AR			Kathryn	Juanita ADDRE	SS	Gill				
	(1	SEE NO OBTINIVNOWNI I HE VES CIV	&Korean 092-1		W 11	fe:	wn o m t -					
			rpente	APPROXIV	MATE INTERVAL INSET AND DEATH							
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		BCIWIENC	INSET AND DEATH							
		IMMEDIAI	TE CAUSE (0)		nary failure				A PARKET IN			
Н		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE () Carcin	nomato	sis			5-20-83				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF				1000				
		underlying couse lost (c) Primary lung carcinoma							-83			
	_	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	V IN PART 110				
	TION											
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN				
2	RTIE		THE OF BLUEDY		Tal. How Inthervoccus	YES		но 🗆				
7		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	110110 4 44 440011711	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	OR PART 2)				
-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 71d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	ZII. LOCATION							
H	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE			
H			ital) attended the deceased fram	Feb.	11 10 63	to July 2	210	83	that (I) (Xe) last			
П	- 4	sow the deceased alive an	July 22 t) view the body at 19.	00	nd that in (my) Mur) apinian d	leath accurred an the de	ote and haur					
Н		22b. SIGNATURE	1) view the body after death		DEGREE	PT 46 V 31 PT		27s PATE	NED			
		bould	Devoid 1	1/	ATTENDING PHYSICIAN	MEDICAL STAL		7/26	13			
		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	5 113-	22e ADDRESS			Mary				
		Donald O. W	Vood, M. D.		York & Gree	enmeadow i	Dr. Tir	noniur	n 21093			
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c		EMETERY OR CREMATORY	23d LOCATION		COUNTY	51,12			
		Burial at Sea			c Ocean	Portsm			Virginia			
		INERAL DIRECTOR MAIL	TOTAL MODRESS	Timon	ium 210930 DATE	REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE			
	L	emmon-Mitche	ell-Wiedefeld I	W. I	Padonia Rd	L271983	John	2.6				

DHMH - 16 50M 4/B2 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND

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F	REGISTRAR				CEKTIF	ICATE OF DEA	ın	REG	NO.				
	ASED NAME	FIRST	1	MIDDLE	į,	AST		20. DATE OF DEATH	MONTH	DAY	YEAR 2	HOUR	
(TYPE OR	RPRINT)	HARVEY	AI	LEN	C/	ARRIER	13.1	JUL	Y 27.	1983		5:45	PM
3. SEX		4 RA			5. DATE C			6. AGE (IN YEARS LAST	(BIRTHDAY)	IF UNDER		FUNDER 2	4 HRS
MAT	E.	1	HITE		NOVE	VIBER 3, 1	895	873	YR:				144
7s."BIRT	HPLACE (STATE ORF			WHAT COUNTRY?	8	NEVER MARI	DIED 🗆	9. BALTIMORE CIT	Y OR COUN	ITY OF DE	ATH	713	
The second	UNTRY) INSYLVANT A	τ	J.S.A.		WIDOWE			ВАТЛТМО	RE CO	TYTINI	10.3		MD.
ID. CITY	OR TOWN OF DEA	TH 11,	NAMEOF	HOSPITAL, NURSIN	ADDRESS)	R OTHER INSTITUT	NOIT	120 USUAL OCCUP			KIND OF	BUSINES	SOR
FOR	T HOWARD	V .		ICAL CEN				CUSTODI		Ro		6 Ec	luc_
	RESIDENCE (IF NURSI	NG HOME OR OTHE	R INSTITUTION.	GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY L	IMITS?	13e. STREET ADDRES	SS	2	1001	0	
Park	RYLAND	HARFOR	RD	ABERDESE			N N	4	PHNEY	ROAD	, , ,		
L. FATE	HER'S NAME	MIDDL	I.F.	LAST		15. MOTHER'S MA		AE MIDDL	E		LAST		
V	Robert	Hay		Carrie	7		Bertho	a		Ri	aas		
	AS DECEASED EVER	IN U.S. ARMED	FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		AD	DRESS		00		
YES	S, NO OR UNKNOWN)	WWI	R OR DATES)	205 07	0218	CLINICAL	RECC	ORDS, VAMO	, FOR				
1	8 CAUSE OF DEATH	H (Enter anly ar	ne cause per	line far (o), (b), an	nd (c).)					Bi	APPROXIMA		
	PART I. DEATH W	IMMEDIATE CA	AUSE (a)	CARDIOPUL	MONAR	Y ARREST					15 m	imut	65
	4147			R AS A CONSEQU							_		
	Canditians, if ony,		(b)_(CARDIAC A	VRRHYT	HMTA					5 minutes		
	gave rise to imm		DUE TO, O	R AS A CONSEOU	ENCE OF								
	underlying couse last. (c) SEVERE CORONARY ARTERY DISEASE								years				
	PART 2 OTHER SIGN	IFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN P	ART Ira		
CERTIFICATION			9 - 10					In AUTOBEVS	120h IE	YES, WERE	EINIDING	C LIEED	
ICA I	90. DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CE	RTIFYING		F DEAT	
I E L				E IL I I I I I I	100	193. MOW INTUIN	Y OCCUPE	YES NO		YES _	0.407.21	NO [
	OR CONTRIBUTING	Toward .	216. TIME C		AY YEAR	ZIL HOW INJUR	TOCCURR	ED (ENTER NATURE OF	INJURY IN HEM	IB, PART TOR	PARL 2)		
I S	LIF EITHER NOTIFY MEDI	CAL EXAMINER)		м.	19	21f. LOCATION	M B						_
1 2	WHILE TO NOT WH			OF INJURY REET, FACTORY, OFFICE,	FARM ETC }	STREET		CITY C	OR TOWN	CO	UNTY	Si	ATE
1	AT WORK AT WO	RK —			TTT 32	41.	83	to JULY	27	10 8	B th		-> 1
2	22a.1 certify that (1) saw the decease	(this haspital)	ottended th	ne deceased from a	83	nd that in (my) (au	r) apinian a	death accurred an th	e date and		,	at (I) (w	
	abave, (1) (we) (c	did) (did nat) vie	ew the bady	after death.	/	DEGREE	., .,				C. DATE S		
	22b. NGNATURE	. (U	1 x. 11	1.1	ATTE	NDING _	MEDICAL	STAFF				198
1	22d PHYSICIAN'S N	MAE (YVOS OR BOU	NITA (as a	1.1-	22e ADDRESS	SICIAN [DIRECTOR PH	YSICIAN		JULY	20,	170
	Market SICIAIA S IA	AVAIL TITTE OR PRI	(41)		-	THE MODILEGO							
		C. TAN.	M.D.		NAME OF C	VA MED		13d. LOCATION	DRT HO	WARD,	MD	210	125
23a BU (51	Burial Burial	REMOVAL 2	3b. DATE			EMETERY OR CRE		CITY OR TOW		COUN		11.0	TATE
	NERAL DIRECTOR	Ju	ky 29	,1983 Ha	whord	l Mem. Ga	250 DATI	Alding		UTHORC	STEN ATT	Md.	1
	warth K. M	c.Comas	777.	Abinadan	. Md.	21009	11	11 2 9 1983	3 100	and	A- Ca	Dall	1/
	1.1		,	. L. Creg acres	, ,,,,,,		1 00		10				1

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retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fille should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages and I should with the state Dept. of Health and Mental Hygiene prior to buriol, cremotian, or removal.

injury, or other traumatic event,

IMPORTANT: If Hem 21 is morked or Hem 18 shaws any

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND

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FOR STATE REGISTRAR			DEPARTA		FICATE OF DEATH	BHE 3	REG. NO		5	0	4	
1. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MONTH	OAY YEA	R	2b. HOU	JR
(TYPE OR PRINT)	Hel	en	Eleanor		Carstens	_	July	1	7,83	3	1:3	38 pm
3. SEX	4	RACE			OF BIRTH	6. AGE (IN	YEARS LAST DIR	THDAY}	IF UNDER I Y		# UNDER	
Female			Feb.	Feb. 12,1917 YEAR		56	YRS.	MONTHS DA	AVS	HOURS	MIN	
7a. BIRTHPLACE (STATE COUNTRY) Maryland	USA	WHAT COUNTRY?	8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Baltimore County						MD	
Towson		St. Je	seph Hos	press)		TYPE OF WO	occupati ok for most o emaker	F WORKING L			F BUSINE	SS OR
USUAL RESIDENCE (IF NO	IRSING HOME OR C	THER INSTITUTION,	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	113e STREET	TADDOECC					
Maryland	Balti		Baltimo		YES NOXX		Steve	2002	T		2121:	2
14 FATHER'S NAME		IDDLE	LAST	10	15. MOTHER'S MAIDEN NA. FIRST Eleano	ME	WIDDLE	lison	Lane	LAST		
160 WAS DECEASED EVE			16b SOCIAL SECU	RITY NO.	17. INFORMANT	1	ADDRE	SS				
(YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	220-07-0	963	George Will	iam Ca	arsten	s. II	T 9	San	ne	
	immediate ating the use last. DUE TO, OR AS A CONSEQUENCE (c)				CE OF PLANT							hs
190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUT	NOIX	IN CERTI	S, WERE FIN IFYING CAU ES []			TH?
OR CONTRIBUTING	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH LIFE EITHER NOTIFY MEDICAL EXAMINER] 216. INJURY OCCURRED 216. PLACE OF INJURY 216. LOCATION 217. LOCATION							RY IN ITEM 18				STATE
WHILE NOT	WHILE VORK	[AT HOME ST	REET, FACTORY, OFFICE, F		STREET			1.0				
	220 I certify that (this hospital) attended the deceased from JUTY 12 19 83 to JUTY 17 19 83 that (i) (we) lost saw the deceased alive on JUTY 17 19 83 and that in (n) (our) opinion death occurred on the date and haur and from the causes stated above, (ii) (iii) (
Sugar	me?	h de	a norse	- , 1	ATTENDING PHYSICIAN	MEDICAI DIRECTO	L STAF	IAN (X	17	2	uly	182
SUZA	nne m	1. de la	Monte		St Joseph	h Hos	pita	1, Bu	Him	or	e, 1	nD
23e. BURIAL, CREMATION (SPECIFY) BUTIAL	N, REMOVAL	July 2	20,1983		Cathedral		ATION TY OR TOWN	re Ci	tv. Ma	trv	land	TATE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept of Health and Mental Hygiene priar to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shave

TO HOSPITAL OR ATTENDING PHYSICIAN The los

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home

ADDRESS 6500 York Rd. Inc. Balto., Md.21212

Baltimore City. Maryland
250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

1	STATE REGISTRAR			DEPARTA		ICATE OF DEATH	HTGIENES 3	REG. NO	1,7,	-,5 6) 5
	CEASED NAME E OR PRINT)	FIRST ELIZAB		Mary		ASSADY	2a. DATE OF		uly 30		26. HOUR 8:45 A M
3. SE	x Female	4.	RACE Whit	e	5. DATE C			8	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a. B	IRTHPLACE (STATE OR COUNTRY) Md.	FOREIGN 7b	U.S.Z	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	1		County of		MD.
1	TOWSON	V-1	Greate	r Baltimo	ore Me	edical Center	LIYPE OF WORK	FOR MOST O	F WORKING LIFE)	12b. KIND O INDUSTRY Chem.	
13a.	AL RESIDENCE (# NUR STATE Md. ATHER'S NAME FIRST John	Bal		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS YES NOTER'S MAIDEN FIRST Mary	200		ceton	1AS	21014 inger
	WAS DECEASED EVER		ED FORCES? VAR OR DATES)	166 SOCIAL SECU 213-32-		17 INFORMANT Patrick	Cassady	ADDRE (hu) sam	e as
NO	Candifians, if any gave rise ta im cause (a), stati underlying cous	imediate ing the e lost.	(c)	r as a conse o ue	ENCE OF	noma of bre		OR CONI	DITION GIVEN	IN PART 1(c	١ د
CERTIFICATION	19a. DATE OF OPERA	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTC	PSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES	OF DEATH?
MEDICAL CER	21d. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOT W AT WORK AT WORK	CAUSE OF DEATH DICAL EXAMINER) RRED WHILE ORK	P., 21e. PLACE (AT HOME, STR	M, MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC)	21c HOW INJURY OC 21t. LOCATION STREET		CITY OR TO	Y IN ITEM 18 PART	OR PART 2)	STATE
		sed alive on (did) (did not) E. Ada	ms, M.I	ofter death.	8 <u>3</u> , ai	11, 19 nd that in (my) (aur) opi DEGREE ATTENDIN PHYSICIA	nian death occurre	CTAS	ite and havr a	22c. DATE	
	22d. PHYSICIAN'S N	AME STYPE ORF	Jolen	us, M.	0,		Charles	Stree		on,Md.	21204
230.	BURIAL, CRIMATION (SPECIFY) Burial		23b. DATE 8/2/			emetery or cremato	CITY	Balt	.0.	COUNTY	Md. STATE

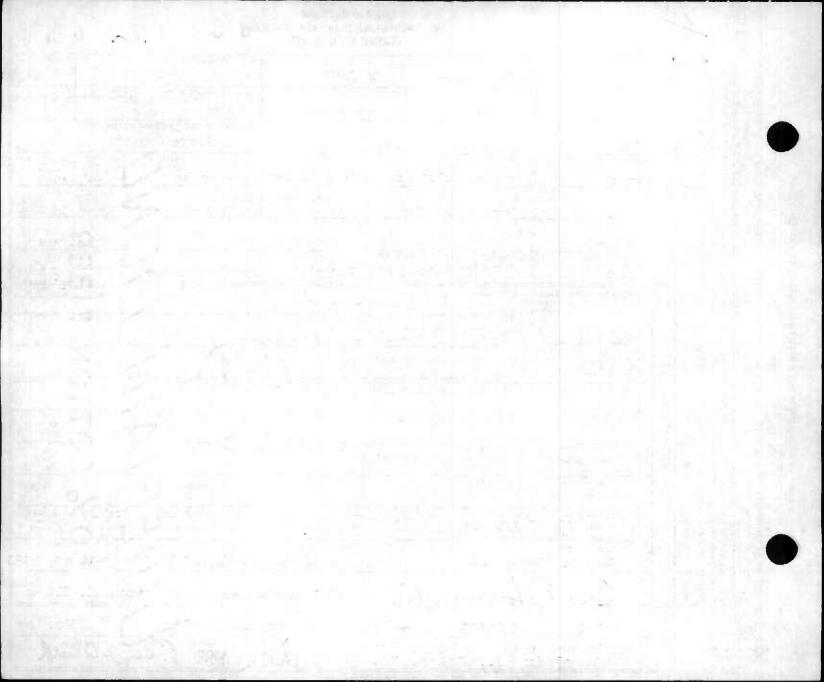
DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the shauld be detached for use as the burial-transit permit. Then please rawith the State Dept. of Health and Mental Hygiene prior to burial, crea

TO HOSPITAL OR ATTENDING PHYSICIAN: The IO etoined by the haspital or attending physician. MPORTANT: If Item 21 is marked ar Item 18 shaws any

injury, or other trai

Schimunek Funeral Home, Inc. 9705 Belair Rd., Balto. Md. 21236



STATE OF MARYLAND

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

	1	7	5	6	6
G. NO.		15		-7	

250. DATE REC D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR			CERTIFICATE	OF DEATH	REG. NO	o. 1	5 6	5 6
1. DECEASED NAME FIRS	M	IODLE	LAST	140	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
EDIT	'H R		CATE		JULY 8.	1983		10:53PM
3. SEX	4 RACE	5	DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT	THDAY) IF UN		IF UNDER 24 HRS
Female	White		Oct. 29	,1964 YEAR	78	MONT	HS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN		HAT COUNTRY? 8		,1704	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
COUNTRY)				EVER MARRIED		_		
Maryland 10. CITY OR TOWN OF DEATH	U.S.	OSPITAL, NURSING	WIDOWED [DIVORCED [BALTTMOR			MD.
		FACILITY, GIVE STREET ADD		KINSTITUTION	(TYPE OF WORK FOR MOST O		VDUSTRY	BUSINESS OR
TOWSON		SEPH HOS	SPITAL		Sales Lady	,	Hutz1	er's
USUAL RESIDENCE (IF NURSING HO		IVE RESIDENCE BEFORE AD		SIDE CITY LIMITS?	13e. STREET ADDRESS			
	Baltimore	Timonium			306 Ivy C	hurch R	oad	21093
14. FATHER'S NAME				THER'S MAIDEN N		nar en n	oau .	21075
Frederic	MIDDLE	Miller	3 3	Lillian	MIDDLE		LAST	
160. WAS DECEASED EVER IN U.S		16b SOCIAL SECURIT		ORMANT	ADDRE	55	Howar	ra
LYES, NO OR UNKNOWN) (IF Y	S, GIVE WAR OR DATES)							
No		168-07-40	50A Mr	. Ronald	M. Cate Sa	me as	#13.	
18 CAUSE OF DEATH (Ent	er anly ane cause per l	ine for (a), (b), and (L	BETWEEN ON	ATE INTERVAL
PART I. DEATH WAS CA	DIATE CAUSE (a)	TENSION	1 FNI	EUMOTO	tor.4X		//	40UR
5304							2-3	HOURS
Canditions, if any which		AS A CONSEQUENCE	L. OR	Esopy	ALRAI RU	PTURE	171	THE WAY
gave rise to immediat	e)	JOS CHAIR		030/14/	OEAC TO	· · Will	100	- (/
couse (a), stating the		AS A CONSEQUENCE	b	P			9 4	LOURS
	(c)		TION		UMON ITIS			00123
PART 2. OTHER SIGNIFICA	/0	- 0	ath but not re	LATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN I	V PART 110	
O CHRONIC	ORGAZ	JIC PS,	2412	SYNDA	COMR			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	19b. CONDIT	ION FOR WHICH OF	PERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDING	GS USED
i i	AND THE RESERVE				YES NO	YES T	CAUSES (NO T
210. ACCIDENT WAS UNDERLYIN	G 7 21b. TIME OF	INJURY	21c. H	OW INJURY OCCUI	RRED (ENTER NATURE OF INJUR		OR PART 2)	
OR COLUMNIA COLUMN	N DEATH	MONTH DAY	YEAR					
(IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	MINER) P.A.		19	CATION				
ZIO, INJURY OCCURRED	LAT MOME STOR	ET, FACTORY, OFFICE, FARM		STREET	CITY OR TO	WN (COUNTY	STATE
WHILE NOT WHILE AT WORK			1-		- 1-		0-	1.23
220.1 certify that (this	aspital) attended the	deceased from	2/8	19 6	, to	, 19	, th	nat (we) last
saw the deceased alia above, (1) (w. i (did) (d	980 2/8	ttor doub	, and that i	n (m) (aur) apiniar	death accurred on the do	ite and hour and	from the co	ouses stated
22 Mary Carlot	1 1 -	mer deom.	DEGREE			T	22s DATE/S	GN9b
100	N- Ita		MI	ATTENDING .	MEDICAL STAF	f	7/0	100
	TYPE OF PRINTS		22a A	PHYSICIAN DDRESS	DIRECTOR PHYSIC	IAN [47	103
177/ PHYSICIAN'S NAME /			1116 W					
22d PHYSICIAN'S NAME (11 1		77	1 (- M. U	~ (n
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DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be firm with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If them 21 is marked or them 18 shows any

(VRA 15, 4)

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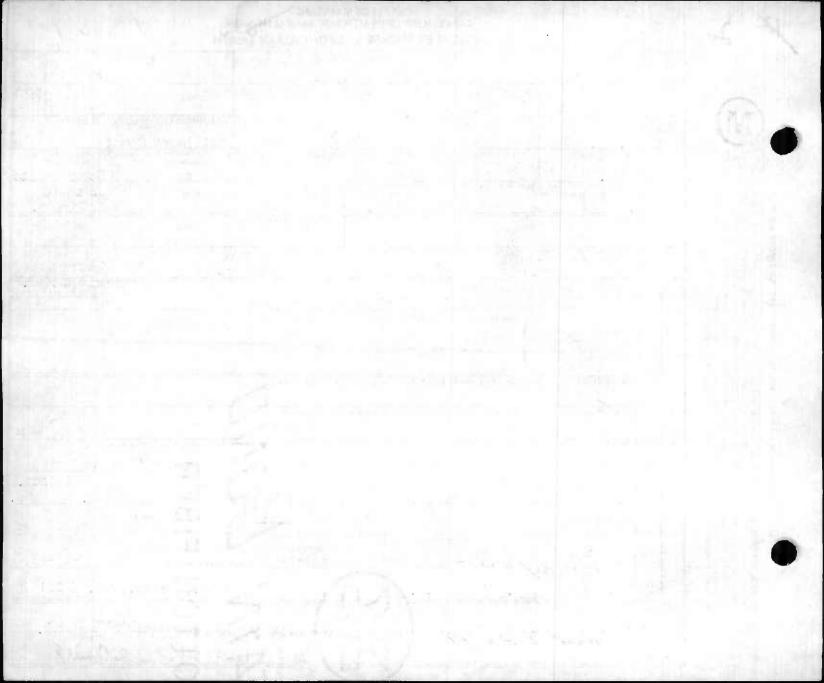
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
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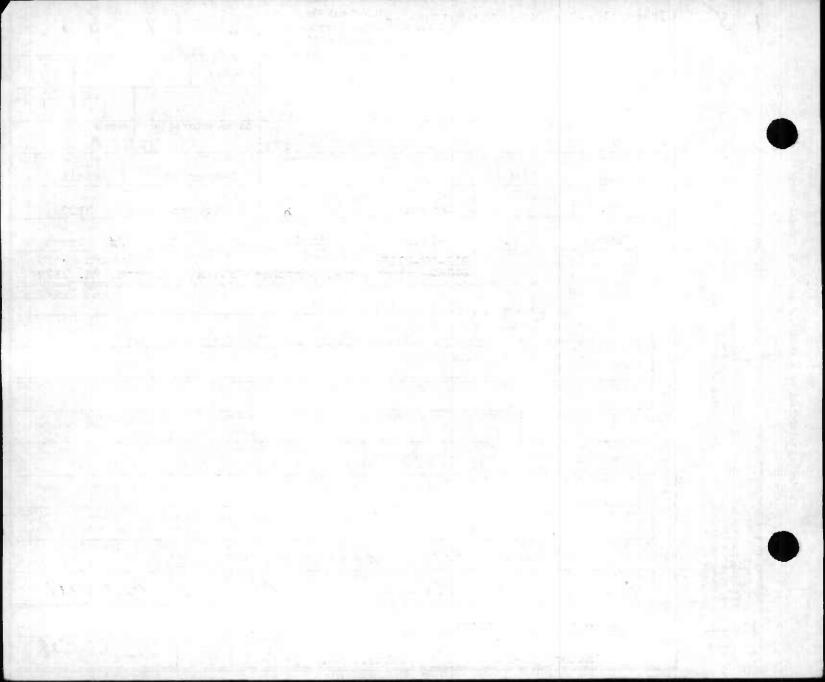
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DIVISION OF VITAL RECORDS, 201	

		REGISTRAR ECEASED NAME	FIRST	MIDDLE	1	AST	REG. N 20. DATE OF DEATH	MONTH DAY	YEAR	2b HOU
deoth	(TYI	PE OR PRINT)	itie		Char	alton	7/7/83			6
D	3,5		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY) IF U		IF UNDER
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W	5 70. 8	SIRTHPLACE (STATE OR FO COUNTRY) Md	REIGN 76 CITIZE	N OF WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY	Bally	- 4	ty
1 90	9	Towson	Mar	AE OF HOSPITAL, NURSI OT IN SUCH FACILITY, GIVE STREE 1 UN Cire To	TADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Salesperso	OF WORKING LIFE)	12b. KIND OF INDUSTRY Retai	
of the ballot	130.	JAL RESIDENCE (1F NURSIN STATE Md .	IG HOME OR OTHER INST	13t. CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS 9 Aigburt	ch Road	212	204
13	() 14. F	ATHER'S NAME FIRST George	$\overset{\scriptscriptstyleMIDDLE}{\mathbf{F}}$.	Weidn	er	15. MOTHER'S MAIDEN NAME Minnie	WE	72	lasi Br	rown
Pages		WAS DECEASED EVER IT (YES, NO OR UNKNOWN) NO	U.S. ARMED FOR (IF YES, GIVE WAR OR D		2115°	Mrs. Dorothe	a McLean	9 AIG	burth, Md.	
e remove corbo cremotion, or re ther troumatic e		Conditions, if any, gove rise to imme cause (a), stating	which diote the DUE	TO OR AS A CONSEQU	lerotic	Cordicuascu	lor Diseus	= - Yes		
mit. Then please remove corbon prior to burial, cremation, ar reany injury, or ather troumatic e	CATION	Conditions, if any, gove rise to imme cause (a), stating underlying cause	which ediote the last. DUE	TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE (c)	JENCE OF	NOT RELATED TO THE TERM		IDITION GIVEN	ERE FINDING	GS USE
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ON SI., BALIIMORE, MARTIAND 21201	th certificate be executed within 24 haurs after and
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MAKTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after and retained by the hospital ar attending physician.

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH		7 5	6	9
			FIRST		llas G CH		AST	REG. NO 20. DATE OF DEATH	7-12-83		ь ноия 1:00pm
	3. SE	Male		White		Jan.	DF BIRTH	6. AGE (IN YEARS LAST BIR)	HDAY) IF UNDER		F UNDER 24 HI
97		RTHPLACE (STATE OR FOR GOUNTRY) Gree	ce	USA	WHAT COUNTRY?	MARRIE		9. BALTIMORE CITY O BALTIMORI	E COUNTY		
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21 is		above. Whi (we) (die					DEGREE		22.	. DATE SI	GNED
IMPORTANT: If Item 21 is		above, (* (we) (die 22b. SIGNATURE Sister (d. 22d. PHYSICIAN'S NAA	mn	Mel	locker	n Ma	ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	F	7-13-	
MPORTANT: If Item 21 is		Sister 6	E (TYPE OR			n Ma	PHYSICIAN [MEDICAL STAR DIRECTOR PHYSIC ROAD TOWSON 1234. LOCATION	F IAN 1		

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executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYERE

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					FICALE OF DEATH	REG. NO	O.		
		CEASED NAME Charles	WIDDLE W.	(Christopher	7/17/83		DAY YEAR	2h HOUR
	3. SE:	Male	4 RACE White	MOM	of Birth	6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 24 H
35	В	RTHPLACE ISTATE OR FOREIGN COUNTRY) altimore, Md.	76. CITIZEN OF WHAT	MARR	- Internal Control of the Control of	Baltimore CITY O		OF DEATH	
00	1	ITY OR TOWN OF DEATH Towson	340 Steven	son Lane	OR OTHER INSTITUTION	Landscape	F WORKING LIFE	E) INDUSTRY	andsca
35	13a S Mg		JNTY 13c CI	IDENCE BEFORE ADMISSION TY OR TOWN WSON	YES NO NO	13. STREET ADDRESS 340 Steven	$\frac{2}{nson}$	204 ane	
30		Charles H. C		LAST	15. MOTHER'S MAIDEN NA Rebecca A	MIDDLE		1A	
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YOU YES WW	IVE WAR OR DATES)	2-10-7949	Nancy Guild	ADDRE 340 Steven	22002		
		Conditions, if ony, which	(ib) (1)	ininoch			7	1416	
	ATION	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	UT NOT RELATED TO THE TERM	VINAL DISEASE OR CON	20b. IF YES	, WERE FINDI	NGS USED
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7		gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFIC ANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE	DUE TO, OR AS AN (c) CONDITIONS CONTRIB 196 CONDITION F 218. TIME OF INJUI HOUR A.M. M P.M. 218. PLACE OF INJUI (AT HOME. STREET, FACT	CONSEQUENCE OF UTING TO DEATH BU OR WHICH OPERATI RY ONTH DAY YEA 19 JRY ORY, OFFICE, FARM, ETC.)	ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 ond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO	20b. IF YES IN CERTIFY YES RY IN ITEM IB P.	OUNTY	NGS USED OF DEATH? NO
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DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE 3

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I DECEASED NAME FIRST	MIDDLE	ι	ASI	2	a DATE OF DEATH		DAY YEAR	26 HOUR
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3. SEX 4	RACE	5 DATE C	OF BIRTH	6	AGE (IN YEARS LAST B	IRTHDAY)	# UNDER I YEAR	
MALE	CAUCACION.	MONTH		17	66	YRS	MONTHS DATS	HOURS MIN
	& CITIZEN OF WHAT COUNTRY?	8	DOCT NEVER MAR	PRIED D	BALTIMORE CITY		OF DEATH	
Ohio _	U.S.A	WIDOWE			Baltimo	re Cou	unty	N
Randalls town	I NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET Balto. County	ADDRESS			10 USUAL OCCUPA TYPE OF WORK FOR MOST Salesman-		12b KIND INDUSTRY Shoes	OF BUSINESS O
SUAL RESIDENCE IN NURSING HOME OR O HO STATE MD Balto	other institution give residence before TY 131. CITY OR TOW Lochear	VN	13d INSIDECITY YES NO	LIMITS?	street address	itters	on Ave.	21207
FATHER'S NAME FIRST JUNIUS	Clatenbau	gh	15. MOTHER'S MA		Fay		Davis	AST
WAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SECU WAR OF DATES) 216-05-		Mary Cl	latenba	augh Balt			erson Av 21207
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A T W O S CL	196 CONDITION FOR WHICH				200 AUTOPSY? YES NO NO		S, WERE FIND FYING CAUSE	
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CIFETHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION	RY OCCURRED	ENTER MATURE OF INJ		PART I OR PART 2)	
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	FARM ETC)	STREET	-	CHYORI	MAN	COUNTY	STATE
27a I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did nat)	06-17-19	0.2	06 - 13 - 1 nd that in (my) (out	r) opinion dec	to 06 -	17- date and hou	19 <u>83</u> ir and from the	, that (I) (we) la e couses stated
226 SIGNATURE	201013		PHY		MEDICAL STA	AFF ICIAN 🗷		-17-83
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74 FUNERAL DIRECTOR Loring 8728 Libertu Rd.	ADDRESS			VN 20	1983	258 REGIST	RAR'S SIGNA	TURE

BP DHMH - 16 50M 1/81 (VRA 15, 4)

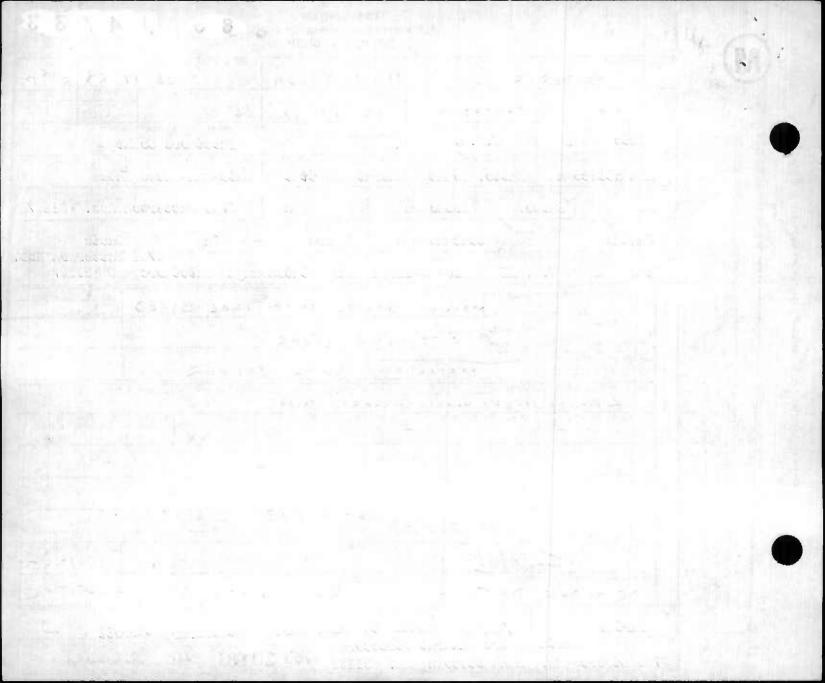
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicient should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

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MPORTANT: If hem 21 is marked or from 18 in the

8728 Liberty Rd. Randallstown, Md.



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8		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG, NO.	5 7 2				
1.	DEC	EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	YEAR 26 HOUR				
		Ann	Elizabeth (LAY	July 22, 1983	3:20 PM				
3	SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS				
L	-	male	White	Aug. 30, 1921	61 YRS.					
10		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY					
		w Jersey	USA	WIDOWED DIVORCED	Baltimore Cou					
10	0 CI	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY				
		ssville 21237	Franklin Square		Bookkeeper	Bank				
1	3e. S	TATE 136. COL	or other institution, give residence before institution, give residence before institution. Give residence before institution of the control	N 138. INSIDE CITY LIMITS?	130. STREET ADDRESS 1147 Seneca Rd.	21220				
14		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST				
1			loskey	Regenia	Byrnes	1431				
10		AS DECEASED EVER IN U.S. A			ADDRESS					
	{ 4	NO NO ON UNKNOWN) (IF TES C	579 16	7122 Carlyle Cl	av same					
F		18. CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), ar			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		PART I. DEATH WAS CAUS								
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (1b) Intracranial bleed								
1		Conditions, if ony, which								
		gove rise to immediate cause (a), stating the								
		underlying cause lost.	DUE TO, OR AS A CONSEOU			7 1977-12-1-				
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	ğ		sion; Renal failu							
	CERTIFICATION	190 DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES NOT					
	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART I OR PART 2)				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		211, LOCATION						
ı	MED	21d INJURY OCCURRED WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE				
		AT WORK		Ju1√ 20 , 8	3 July 22	83				
ı			pital) attended the deceased from an July 22	02	n death occurred on the date and hour	19, that (we) los				
1		obove, (Liwe) (did) (4)d	on 111 y 22 19 19 19 19 19 19 19 19 19 19 19 19 19		n deom occurred on the dote ond hour	22c. DATE SIGNED				
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X								
		22d. PHYSICIAN'S NAME STYPE Maria	Diaz, MD	9000 Frank	lin Square Dr., 2	1237				
2	3a B	urial, Cremation, Remova		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE				
1	4 FL	The state of the s	1/20/05		dens Balto. Co. I	Md.				
1	-	The state of	ADDRESS DA TUNO	Old Eastern AvdU		2. Capield				
L		uzdzinski rune	rad Jome FA 140/	Old Pascelli WAR	[1 0 1000 America	The same				

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24	-	FOR STATE REGISTRAR		TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	17573
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(In	1. SE)	MALE	1. RACE WHITE	5. DATE O	DE BIRTH DAY YEAR O O	6. AGE (IN YEARS LAST BIRT	3 YRS.
1 15	10.	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIE	D DIVORCED	BALT	IMORE CO.
A STATE OF THE STA	- 1	TY ORTOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS	EET ADDRESS)	- 0 1	(TYPE OF WORK FOR MOST O	FWORKING LIFE) INDUSTRY Hospital
and blood by	134.5	MD BA	OTHER INSTITUTION, GIVE RESIDENCE BEFINE TY Baltim	NWO	13d. INSIDE CITY LIMITS? YESXXX NO	30 0	Balto. Md. 22230 STRANDEN RD.
September 1			îliam Cobûrn		15 MOTHER'S MAIDEN NA Flora	Ann	Williams (AS)
- Pogen		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GIV	MED FORCES? 166 SOCIAL SEI 1 486-01.		Mrs. Julia Col	ADDRE	
h signed by the or Then ploose remo- to buriel, cremen- injury, or other tro	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (PNEU M.)	DUE TO, OR AS A CONSEG		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 110
hox been it permit are prior	CERTIFICATION	90. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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har the hard Market prived or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC }	ZIE LOCATION STREET	CITY OR TO	WN COUNTY STATE
CTOR. A Horuse of Healt n 21 it mo		saw the decease olive are abave (1) (we) (did) did no	ital) attended the deceased from 1 3 19 at) view the bady after death.	03			1985, that (1) we) ate and haur and fram the causes stated
RAL DIRE detocher fore Dep		226. SIGNATURE	12	2		MEDICAL STAI	
Noold be		M. OR	Do Qui M		SINA!	HOSPITA	IL, BALT MD.
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	1 1 0 0		emetery or crematory on Mem. Garden		o. Maryland STATE
- 16 50M 4/82 RA 15, 4)	Mc Mc	Untry Funeral f	Home, 237 E. Pata	osco Av		TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE

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			CEASED NAME	A RACE White White August 15,1901 81 YRS 6. AGE (IN YEARS LAST BIRTHDAY) WHO DER TYPER MONTHS BATTIMORE CITY OR COUNTY OF DEATH WHO WHAT COUNTRY? WHO WE DEET DEATH IT NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WE STREET ADDRESS U.S. A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WE STREET ADDRESS WE STREET ADDRESS INDUSTRY Stationary Eng. 13. CITY OR TOWN 13. CITY OR TOWN 13. STREET ADDRESS	26 HOUR							
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4			RTHPLACE (STATE OR FI	OREIGN			0	M			F DEATH	
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notified o	0	Catonsville			11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				(TYPE OF WORK FOR MOST OF WO		INDUSTRY	
136. STATE Maryland 14. FATHER'S NAME FIRST (unknown)		136 COUN	NTY 13c. CITY OR TOWN		N	YES NO NO	13. STREET ADDRESS 230 Westshire Road 2122			21229		
			(unknown)			IDDLE LAST		Julia	WIDDLE		Voll	st N OT
e medica			VAS DECEASED EVER VES, NO OR UNKNOWN)							# 13		
event, m	d		PART I. DEATH W.	AS CAUSE	BY:	r line far (a), (b), and	d (c).)	Respustor	ariet			- nh-
UMBTIC		Conditions, if ony, which						An Ita Cash	Bal Westers	tare	m	cutai
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ather tra			gave rise to imm cause (a), stating underlying cause	nediate g the	DUE 10, 0	R AS A CONSEQUE	NCE OF	Carcina	of the Color	~		
mory, or amer tra		NO	gave rise to imm cause (a), statini underlying cause	nediate g the last.	(c)_			Carcina Not related to the term	of the Color	ON GIVEN	N IN PART 1	0
ows any injury, ar ather tra	7	TIFICATION	gave rise to imm cause (a), statini underlying cause	nediate g the last.	(c)ONDITIONS C	ontributing to [DEATH BUT	Control	20g AUTOPSY? [20]	b. IF YES, V	WERE FINDI	
Shows	7	CAL CERTIFICATION	gave rise to imm cause (a), statini underlying cause PART 2. OTHER SIGN	nediate g the last. NIFICANT C	ONDITIONS CONDITIONS C	ONTRIBUTING TO D	OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY? 200 IN	b. IF YES, VI CERTIFYII	WERE FINDI NG CAUSES	NGS USED S OF DEATH?
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21 is marked ar Hem 18 shows any injury, ar ather tra	7		gave rise to imm cause (a), stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	HEROTOR TO THE TO	ONDITIONS CONDITIONS C	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY OF INJURY REEL, FACTORY, OFFICE F	OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR! 21l LOCATION STREET	200 AUTOPSY? 200 IN YES NO NORTOWN CITY OR TOWN	b. IF YES, V I CERTIFYII YES I	WERE FINDII NG CAUSES T 1 OR PART ?) COUNTY	NGS USED S OF DEATH? NO STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		FOR			DEPARTMENT O	FHEALTH	AND MEN	ITAL HYGIE	NE	7 5	7 5	
		REGISTRAR		ME	DICAL EXAMI	NER'S C	ERTIFICA	ATE OF DE	ATH RE	G. NO.		
			ME FIRST		MIDDLE	1	AST		20 DATE KNOW	N XX MONTH	DAY YEAR	76 HOUR
	(ITP	E ORPRINI)	Mich	ael	(0	COCO	n.	OF FRII-	_	26 10 83	
	1. SE)		4. RACE	5 DATE OF BIRTH	COCO COCO C	DAY YEAR 24 HOUR						
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO MICHAEL	TATE											
	24.51			7-29-83	Oak le	nun Cer	n.	DATE BEGIN	Balto. M	V CUSTRANIS O		4
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illind in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sharid be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF DE	AIN	REG	. NO.		
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SEX		4. RACE		5. DATE C	OF BIRTH		6. AGE IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
Female		White		May	6.1892	YEAR	91	YRS	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MA	PRIED	9. BALTIMORE CIT	Y OR COUN	ITY OF DEATH	
Marvland		USA		WIDOW		RCED	Baltimore	Count	ty	MC
CITY OR TOWN OF	DEATH	11. NAME OF		RSING HOME	OR OTHER INSTIT		120 USUAL OCCUP			OF BUSINESS OR
Rossville	21237	-	TH FACILITY, GIVE ST		4+07		Hosewij		HOTT	
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Maryland	Balt	0.	Rosed	ale		10 XCX	1109 Rose	dale.	Ave 2123	57
FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S A		ME		LA	ST
	unknow	m					unknown			
WAS DECEASED ET		MED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMAN	Bern	ard Bakef	DRESS		
NO	-		219 07	4246	413 13		NewPort . I		. Fla. 3	3552
PART 2. OTHER S	IGNIFICANT	(c)CONDITIONS_C		TO DEATH BUT	NOT RELATED TO		NINAL DISEASE OR CO			
190 DATE OF OPE	KATION	198. COND	IIION FOR WH	IICH OPERATIO	IN WAS PERFOR!	VED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO			OF DEATH?
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22b. SIGNAUME	Now	town	-no.		PH	ENDING	MEDICAL S	TAFF SICIAN	221. DATE	23/83
22d. PHYSICIAN'S	WARE	TGOW			900 POC	o Fr	malelow	Saun	ne pr	WE
BURIAL, CREMATIC	DN, REMOVAL	23b. DATE _7/27/			EMETERY OR CR	EMATORY	Baltimos	e Cou	ntý° Mary	land

DHMH - 16 50M 4/82 (VRA 15, 4)

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25e DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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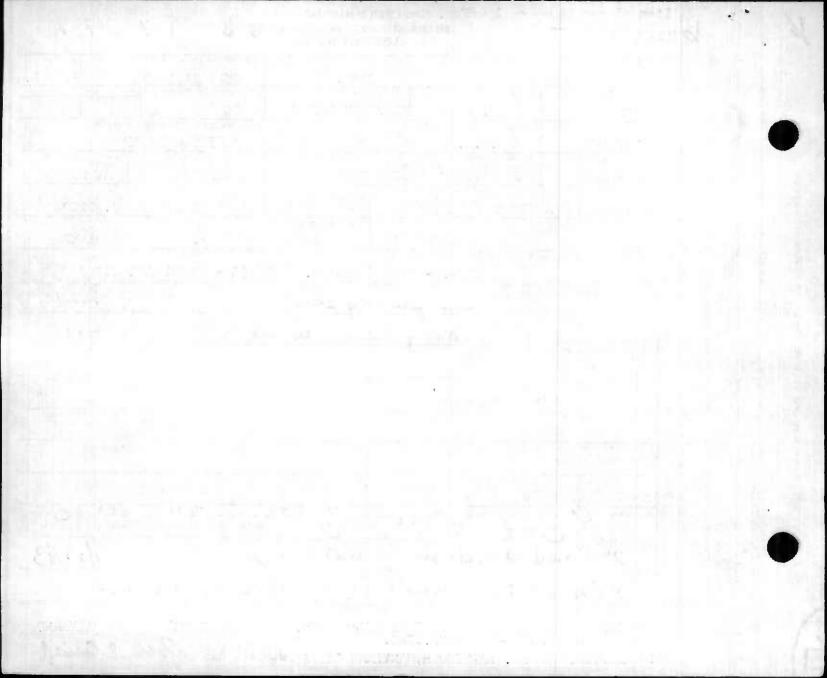
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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARKELAND 275	2
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 his
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	the bar

		ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
	(TVI	PE OR PRINT) HEI	LEN	COHEN	JULY 21,1983	5:55
lan.	3. SI	X Female	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
15		-MALE	WHITE	FEBRUARY 16,1913	70 YRS.	
Y.	70. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	75. CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY BALTIMORE COUNTY	TY
popular 9	5	PIKESVILLE	PIKESVILLE NU	RSING HOME	120 USUAL OCCUPATION (1776 OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	176 KIND OF BUSINES INDUSTRY AT HOME
13/	USU 13e	JAL RESIDENCE (IF NURSING HOME STATE 136 CO MARYLAND BA	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 136. CITY OR TOVALTIMORE BALTIM	ORE 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3309 FIELDVIEW	RD. 21207
2/3	I L F	ATHER'S NAME JACOB	MARG	OLIS ANNA	AME AIDDLE E.	LAST
medico/		(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEC 219-22-5		EN 2306 SMITH AVE	. 21209
5 6		4/44	DUE TO, OR AS-A CONSEOU	JENCE OF	•	110
injury, or other troumotic	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN Death	etes mellities	JENCE OF DEATH BUT NOT RELATED TO THE TER.		
ows ony inju	RIFICATION	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19e DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHICH	JENCE OF DEATH BUT NOT RELATED TO THE TER. H OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES NO YES YES	, WERE FINDINGS USED YING CAUSES OF DEAT ON O
or you	CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN D. C.	DUE TO, OR AS A CONSEQUENCE (c) T CONDITIONS CONTRIBUTING TO TO CONDITION FOR WHICH THE TIME OF INJURY HOUR A.M. MONTH DEATH	DEATH BUT NOT RELATED TO THE TER. H OPERATION WAS PERFORMED DAY YEAR 19	200 AUTOPSY? 206. IF YES, IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEAT ON O
nygrene prior to	MEDICAL CERTIFICATION	gave rise to immediate couse lost. stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSEQUENCE (c) T CONDITIONS CONTRIBUTING TO TO CONDITION FOR WHICH THE TIME OF INJURY HOUR A.M. MONTH DEATH	DEATH BUT NOT RELATED TO THE TER. H OPERATION WAS PERFORMED DAY YEAR 19 211: LOCATION	200 AUTOPSY? 206 IF YES NO YES YES	, WERE FINDINGS USED YING CAUSES OF DEATI OO O
nygrene prior to		gave rise to immediate couse (10), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 27e. I certify that (1) this had saw the deceased ally obove (1th we) (did 1 state)	DUE TO, OR AS A CONSEQUENCE TO CONDITIONS CONTRIBUTING TO PLAN TO THE CONDITION FOR WHICH THE CONDITION FOR WHICH TO THE CONDITION FOR WHICH THE CONDITION F	DEATH BUT NOT RELATED TO THE TER. H OPERATION WAS PERFORMED DAY YEAR 19 211: LOCATION STREET 19 7. 1	200 AUTOPSY? 706 IF YES IN CERTIFY YES NO YES YES YES	WERE FINDINGS USED YING CAUSES OF DEATH OF PART 1 OR PART 21 COUNTY ST
Is bept or realth and Merica Hygrene prior to		gave rise to immediate couse lost. Stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 71d. INJURY OCCURRED WHILE AT WORK AT WORK 27a.1 certify that (II) this has saw the deceased alwore (II) well (Idid) 17id 27b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO CONDITION FOR WHICH TO CONDITION FOR	DEATH BUT NOT RELATED TO THE TER. H OPERATION WAS PERFORMED DAY YEAR 19 211. HOW INJURY OCCUI FARM, ETC.) 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 206 IF YES IN CERTIFY YES NO YES NO YES TO THE WATURE OF INJURY IN ITEM IS PA	WERE FINDINGS USED YING CAUSES OF DEATH OF PART 1 OR PART 21 COUNTY ST
nygrene prior to		gave rise to immediate couse (10), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 27e. I certify that (1) this had saw the deceased ally obove (1th we) (did 1 state)	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO CONDITION FOR WHICH TO CONDITION FOR	DEATH BUT NOT RELATED TO THE TER. H OPERATION WAS PERFORMED DAY YEAR 19 FARM, ETC.) 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 272. ADDRESS	200 AUTOPSY? 206 IF YES IN CERTIFY YES NO TOWN CITY OR TOWN A death accurred on the date and hour	WERE FINDINGS USED YING CAUSES OF DEATI OF PART 21 COUNTY ST



dealth Page

carbanpapers. Pages 1 and 2 should be filed

TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physics should be detoched far use as the burial-transit permit. Then please remaye carbanpaper with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar remayal, MAPORTANT: If Hem 21 is marked ar Item 18 spaws any injury, ar ather traumotic event, it

- 1	STATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

7578

FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN® 3 1 7 5 7 8							
I. DECEASED NAME FIRST	MIDDLE	LAST		REG. NO.	DAY YEAR	2b HOUR		
(TYPE OR PRINT)	CILE B.	COLBER	-	JULY 4, 198		1:45 a		
3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
Female	White	June 26,	1889	94	RS. MONTHS DAYS	HOURS MIN.		
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVI	ER MARRIED D	Baltimore city or cou		MD.		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		F BUSINESS OR		
Towson	Towson Conva		ome	Homemake	er Own	Home		
MD Ba	or other institution, give residence before UNTY 13c. CITY OR TOW TOWN	on YES	NO 🔀	301 W. Che	sapeake	21204 Ave.		
14 FATHER'S NAME FIRST	MIDDLE Baddens		ER'S MAIDEN NAM	MIDDLE	Plow	man		
160 WAS DECEASED EVER IN U.S.		URITY NO. 17 INFOR		ADDRESS				
(YES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES)	0581 Eth	el Mae	Schmelz,	Balto.	Balto., MD		
Condifions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	7		N GIVEN IN PART 1:0			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PE	RECKMED	YES NO IN C	ERTIFYING CAUSES	OF DEATH?		
	DEATH HOUR A.M. MONTH D	AY YEAR	V INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2			
OK CONTRIBUTING CAUSE OF I	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC) 211. LOC/	ATION PREET	CITY OR TOWN	COUNTY	STATE		
	220.1 certify that (1) (this haspital) attended the deceased from							
12 sicry of	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 76/							
Dr. Richard	Maffezzoli, M.	D. 660) Kenilw	orth Dr., Ba	alto., ME			
230. BURIAL, CREMATION, REMOV, (SPECIFY) Burial	S TT 01	NAME OF CEMETERY O		23d LOCATION CITY OF TOWN Balto.,	COUNTY	MD STATE		
24 FUNERAL DIRECTOR Hen NAME Hen	ry W. Jenkins bad Balto., MC	& Sons Co 21212	. 111	REC'D. BY REGISTRAR 25b. RI	EGISTRAR'S YOUN	pticlf)		

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital ar attending physician.

SEL, LXIII The succession of the successi Toward Convidence | Smith Enter , HV 1 20 ASOF MODEL , NO THE L resver Ligarative L DV AND AND THE STATE OF THE PARTY OF THE STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1-	FOR STATE REGISTRAR	DEPARTI	DEPARTMENT OF HEALTH AND MENTAL HYGIENS 3 7 5 7 9 CERTIFICATE OF DEATH REG. NO.					9		
I		CEASED NAME FIRST	WIDDIE	CI	OLLINS	20 DATE OF DEA		DAY Y	YEAR :	26 HOUR	
ł	1. 5E2	JIKI TIKE	RACE S.	5 DATE O		6 AGE (IN YEARS L	JUL AST AIRTHDAY	IF UNDER	LYEAR	10:15PM	
ı	41.04.0	Femple	BLACK	MA	4 K. 1900	83		MONTHS		HOURS MIN.	
ł	le Bi	RTHPLACE ISTATE OFFICE Th.	CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED Z	9 BALTIMORE C			ТН	1	
1	16	edonck mi	UISIAI	WIDOWE	DIVORCED	10911	imor	0 (OUI	2/4 MD.	
1	1	BATO DEATH	TIF POR SUCH FAGHITY GIVE STREET	ADDOGSS)	gen. HOSP	TYPE OF WORK FORM		IZb. K INDU	CIND OF USTRY	BUSINESSOR	
1	1	AL RESIDENCE IF NURSING HOST OR OTHER TOTALS	ER INSTITUTION GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS	13. STREET ADDR	EUTA	w the	r Res	21717	
	16.63	John "	Cellins		15. MOTHER'S MAIDEN N	AME MID	DLE	10/11	1 SLAST	0.10	
		15 DECEASED EVEL IN U.S. ARME		0086	Mrs. Annie	GRAY'S	O9/NA	mede	nek	21629	
	NK	PART I, DEATH WAS CAUSED B IMMEDIATE C Conditions, if any, which gave rise to immediate resume total stating the underlying come last. PART 2 OTHER SIGNIFICANT COM	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	PAEMIA.	MINAL DISEASE OR	CONDITION	GIVEN IN PA	ART Tran		
1	CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CE	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D: P.M. 216. PLACE OF INJURY	AY YEAR	21c HOW INJURY OCCUI		F INJURY IN ITEA			ио 🗌	
ı	WE	Some Town Store La Store La	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC)	STREET	C1TY	OR TOWN	COUP	TTY	STATE	
		Or ok	ew the body after/death. 19 Cerma Chyric		d that in (ny) (aur) opinion EGREE 13-18-15 ATTENDING PHYSICIAN	MEDICAL	STAFF				
		A-1C-CHOPRA			RANDALL		Cour	74 60	1N.	HOJP.	
	234. 1	URIAL, CREMATION, REMOVAL	36 DATE 230	AME OF CE	METERY OR CREMATOR	23d LOCATION	NN 61	· A wire	. (~	

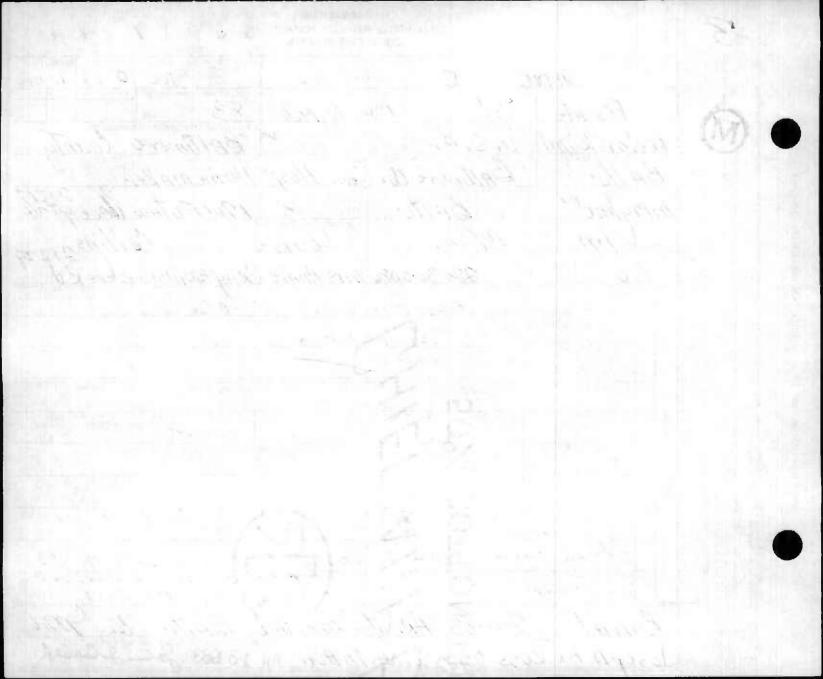
DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR, After should be detached for use on the with the State Dept, of Health or MPORTANT: If Nem 71 is

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE.

JUL 13 1983

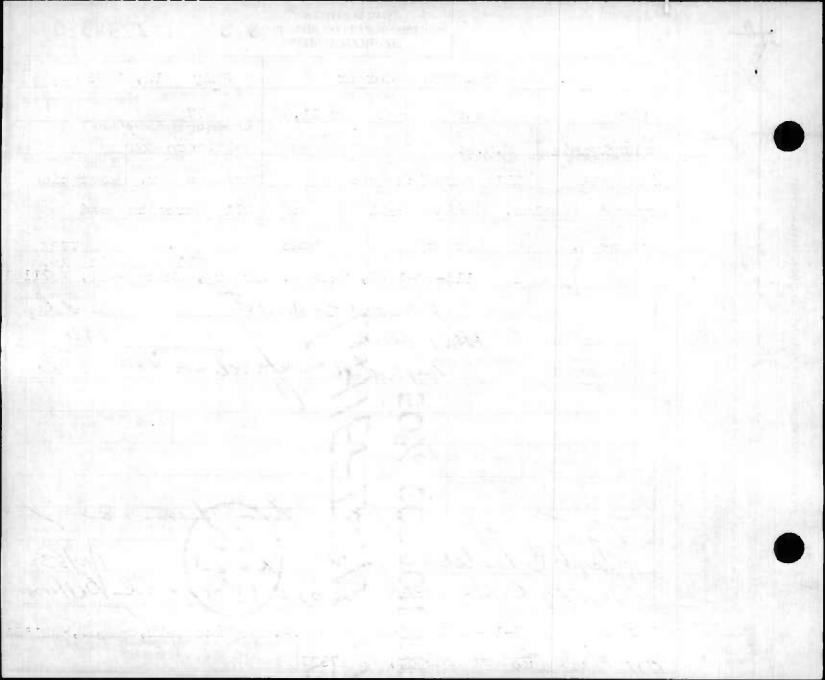


	-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
Total		CEASED NAME FIRS		MIDOLE	-	AST	20. DATE OF DEATH		DAY YEAR	Zb. HOUR
	(11.00	Α.	Th	eodore	Coi	rdery	Ju1y	10,	1983	5:00
	3. SE	(4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 P
	1	Male	N	egro		mber 21,05	77	YRS.	MONTHS DATS	NOURS M
1	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
575		ennsvlvania	U.S	Λ	WIDOWE		Baltimor	e Coi	intv	
top		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPAT	ON	12b. KIND OF	BUSINESS
500	TATA	ite Hall	2718	CH FACILITY, GIVE STREET Meredit		ber	Eusiness		Educ:	ation
e e	USU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	H. GIVE RESIDENCE BEFOR	E ADMISSION)			rigi.	21161	acro:
350			Balto.	White	Hall	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 2718 Mer	editi		
- Jer		THER'S NAME	Darco.	MILLCE	nati	15. MOTHER'S MAIDEN NA		EGICI	I Road	-
Smir.		FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST	
18.5C		Thomas R.		Cordery	-5.77	Emma	N.	- 6.6		rsey
nedico			ES GIVE WAR OR DATES)			17. INFORMANT	271		redith	
		Yes	WW 2	1115-09-	<u>-1867</u>	, Sara B. C	cordery, M	hite		
t, the		18 CAUSE OF DEATH (En	ter only one couse pe	r line for (a), (b)	nd (cs.)	,	+		APPROXIA BETWEEN O	NATE INTERVA
ven		PART I. DEATH WAS C.	AUSED BY: EDIATE CAUSE (o)	CI	red	uc are	cel.		Such	de
tic e	- 20	4120		DR: ASIA ČONSEQU	ENWE OF	. ,			100	
0 # 3		Canditions, if any, which		History	Plan	R			178	
100		gave rise to immedia	te			1 0	1 7	7		1
othe	100	couse (a), stating the underlying cause last		OR AS A COMPEQU	INCE OF	1:11 but	wellen.	-CH.	A 19	20
0.0		PART 2. OTHER SIGNIFICA	(c)_	21	DE ATHERUS	NOT RELATED TO THE TERM	IN THE PART OF CONT	DITIONICIN	COLOR DARY 1	
luny	2	PART 2. OTHER SIGNIFICA	ANI CONDITIONS S	CN KIBUTING ID	DEATH BUT	NOT RELATED TO THE JERN	INAL DISEASE OR CON	DITION GIV	EN IN PART TO	
.s.	CERTIFICATION	19g DATE OF OPERATION	TION CONI	NITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	Tank IF YES	, WERE FINDIN	GS LISED
5 9	5	DATE OF OFERATION	178. COIN	on our ok which	OFERATIO	THE DRIVED		IN CERTIF	YING CAUSES	OF DEATH?
ò /	E .	210. ACCIDENT WAS UNDERLYIN	10 D 111 THE	OF INJURY		Tal- HOW MILLIAN OCCUP	YES NOL	YE		ио 🗌
® 9		OR CONTRIBUTING CAUSE	- Linning	.M. MONTH D	AY YEAR	214 HOW INJURY OCCUR	KED (ENTER NATURE OF IN)L	RY IN ITEM IS P	ART 1 OR PART 2)	
Hen /	S	LIF EITHER, NOTIFY MEDICAL EXA		P.M.	19					
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	FARM FTC 1	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STAT
0	2	WHILE NOT WHILE		inter the fort, of the	, , , , , ,					
rked or		AT WORK AT WORK			- 1	/	/			
morked or		22a.1 certify that (I) (this	ospital) ottended t	he deceased from_	5/	18 1976		0	19 8 3	hot (I) (yee)
21 is morked or		22a.1 certify that (I) (this	ve on	129 19	5	nd that in (my) (gur apinian	, todon the d	O ote and hou	19 831	hat (I) (we)
em 21 is marked or		22a.1 certify that (I) (this		129 19			death occurred on the d	O ote and hou	r and from the c	hat (I) (we) ouses states
If Hem 21 is marked or t		22a I certify that (I) (this	ve on	129 19		DEGREE ATTENDING	/MEDICAL STA	FF	- Inches	hot (I) (ve)
If Hem 21 is marked		22a. I certify that (I) (this see a large of the certify that (I) 22b. Sash AT life	id not view the bad	129 19		DEGREE ATTENDING PHYSICIAN	,	FF	- Inches	hot (I) (w)
ANT: If Hem 21 is marked		22a I certify that (I) (this	id not view the bad	129 19		ATTENDING PHYSICIAN 270 ADDRESS	/MEDICAL STA	FF	- Inches	hat (II (see) ouses stated
ANT: If Hem 21 is marked		22a. I certify that (I) (this see a large of the certify that (I) 22b. Sash AT life	id not view the bad	129 19		DEGREE ATTENDING PHYSICIAN	/MEDICAL STA	FF	- Inches	hat (II (we) ouses stated
Hem 21 is marked		220. I certify that (1) (this some state of the	III and the bod	Tehn 19 LAT CATA	- 1. AR	ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STA	FF	7/10 C/Ba	183 1 Herr
ANT: If Hem 21 is marked	1	22a. I certify that (I) (this see that the control of the certify that (I) (this see that the certific	TIVE OR PRINT!	Lehren 19_	PR NAME OF C	DEGREE ATTENDING PHYSICIAN 222 ADDRESS 36 85 0/	MEDICAL STA DIRECTOR PHYSIC	FR	The Date of The Da	183 1 Herr

arty & New Freedom, PA 17327

STATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY GENE 3

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1		REGISTRAR	C	EKTIFICATE OF	DEATH	REG. NO	D.	
Ì	1. DEC	EASED NAME FIRST	MIDDLE	LAST			MONTH DAY	YEAR 26 HOUR
1	(TYPE	ORPRINT) Helen	(ostello		16.6	- 27	1983 1:50 A.
ŀ	3 SEX			DATE OF BIRTH	41	6. AGE (IN VENIS LAST BUT	(DAY)	UNDER I YEAR IF UNDER 24 HRS
1	J 5LA	Female	White.	MONTH DAY	YEAR	05		THS DAYS HOURS MIN
ŀ				11 9	1900	800	YRS.	
1	BIR CO	THPLACE (STATE OR FOREIGN 76 IUNTRY)	CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER	MARRIED -	9. BALTIMORE CITY O	R COUNTY O	FDEATH
4		MARYLARY	U. S. A. W	IDOWED D	NORCED	BALTIMO	RE. C	OUNTY MD.
4	10 CI1	Y OR TOWN OF DEATH 7 11.	NAME OF HOSPITAL, NURSING H		TITUTION	12a USUAL OCCUPATI		126. KIND OF BUSINESS OR
A	R	EISTERSTOWN	BENT NURS!		mE	(TYPE OF WORK FOR MOST O	WORKING LIFE)	HAUSELLIEFE.
d	USUA	L RESIDENCE (IF NURSING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE BEFORE ADM	AISSION)				21112
Я	130. S	TATE IST COUNTY	Co Odenton	13d INSIDE	NO 🗆	13e STREET ADDRESS	110 mes	n Place
1	IA EA	THER'S NAME	CD. Caeriton	15 MOTHER		354 MT	verno	111900
4	10	FIRST	LE Anil ST	5	EIRS A	MIDDLE	1120	LAST
4	6	LORGE B.	HSHBY	JA.	RISAKA	E	MKE	UZER
		(AS DECEASED EVER IN U.S. ARMEI ES, NO OR UNKNOWN) (IF YES, GIVE WA		NO. 17. INFORM	ant 11 -	ADDRE	20 Re	isters town Rd
		No	214-24-	1245 /	s. Hein	ZRN PCI	sters to	own Md.
ľ		18 CAUSE OF DEATH (Enter only o	ne couse per line for the albitand (c)	1	*1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED B		ac Ta	eller			Misseyton
ı		4272 IMMEDIATE C	1 1		0.1	10		
1		Contract of the Article	DUE TO, OR AS A CONSEQUENCE	E OF CIANT	. (10	Aleso.		Means,
1		Conditions, if ony, which gove rise to immediate	(b)	cento-cu		To Care	-	pain
1		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENC	E OF				
1		and anything coose tost.	(c)					
1	7	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(0)
	CERTIFICATION							
	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFO	DRMED	200 AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?
	F					YES NO	YES [NO [
7	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		JURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	I OR PART 2)
1	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	19				
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATI	ON			
1	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM,	ETC.) STREET		CITY OR TOW	IN .	COUNTY STATE
1		22a.l certify that (I) (this haspital)	- Handad the decreed from	-22-8	2 10	1- 7-2	7 10	V3 0 0 10 10 10 10 10 10 10 10 10 10 10 10
1		sow the deceased alive on	7-26 1083	and that in Imv	(eur) pointon d	, 10	te and hour a	nd from the couses stated
1		obove, (l) (we) (did) (did) (did)	ew the body ofter death.		, (, , , , , , , , , , , , , , , , , ,		TE ONG HOUT O	
ı		226. SIGNATURE	11	PEGREE	ATTENDING	MEDICAL STAF	E	22c. DATE SIGNED
		C- 21/600	lleans 1.	1/2/	PHYSICIAN [DIRECTOR PHYSIC		7-27-83
		22d. PHYSICIAN'S NAME (TYPE OR PRI	(F)	72e. ADDRE	SS O	De A	-	11111
		C.E.M.W	Illiams	11909	Leisters	tom le le	esterston	114,21136
1	23a. B	URIAL, CREMATION, REMOVAL	3b. DATE 23c. NAM	E OF CEMETERY OR	CREMATORY	23d. LOCATION		
1	D	PECIFY	7-29.82 101	ALCTON I	VATRE	A STY OR TOWN	A) CO	OUNTY STATE
1	24 FU	NERAL DIRECTOR	1 ×1 0 17/L	NGION	250 DATE	REC'D BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE
	FT	NAME IL ALCOLO	ADDRESS-	Trans 1	YO. AL	JG UZ 1983	- la	I Could
1	Th	HNK H. MEWEL	LINC HOOKE	>1EKSIOWA		.500	1	

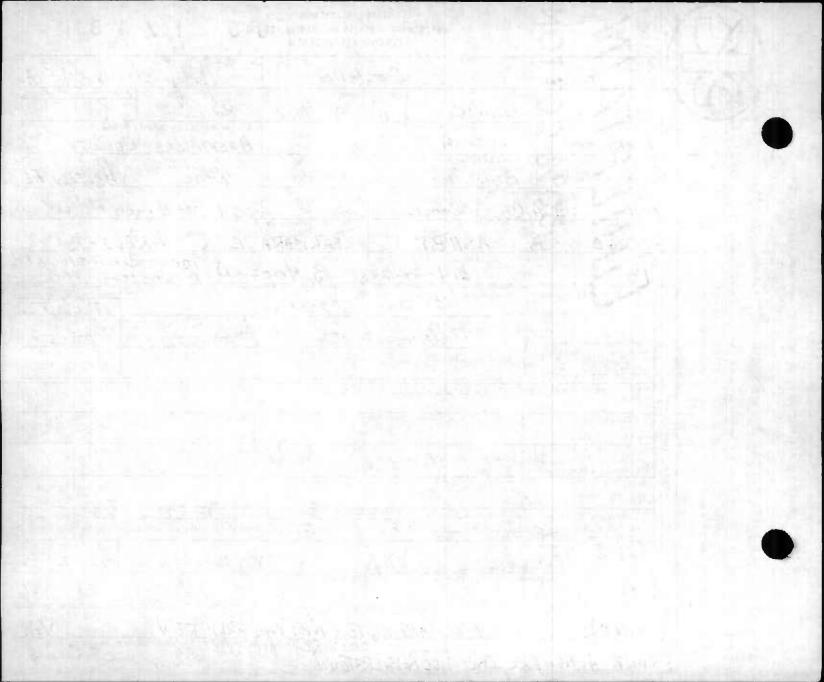
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

etained by the haspital or attending physician.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the busial-transit permit. Then please remove carbompapers: Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

MAPORTANT: If Item 21 is marked or Item 18 showevery injury, or other traumatic event, the



1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

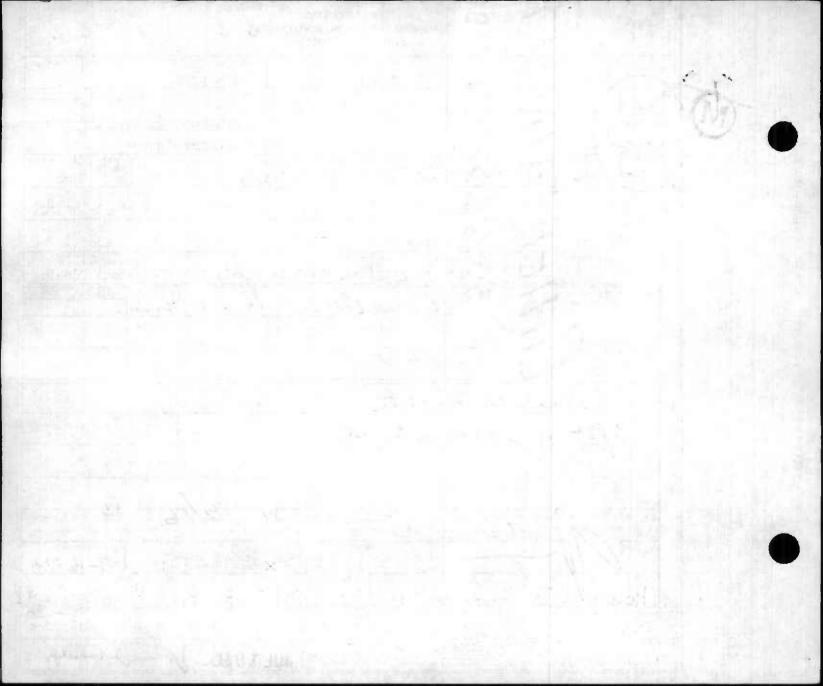
REGISTRAR		CEILLI	ICATE OF DEATH	REG. NO.			the sale of	
I. DECEASED NAME FIRST	WIDDLE		LAŠĪ	20 DATE OF DEATH MO	ONTH DAY	YEAR	26 HOUR	
Virginia	Α.	Cro	ck	July 16,18	983		6a.m.	
3. SEX	4. RACE	5 DATE (6 AGE (IN YEARS LAST BIRTHD	AY) IF UP	DER I YEAR		
Female	Caucasian	June	e 16, 1893	90	YRS	IS BATS	MIN.	
a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? B	D NEVER MARRIED	9 BALTIMORE CITY OR		DEATH		
Delaware	U. S. A.	WIDOW	ED DIVORCED A	Baltimore (County		MI	
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME (OR OTHER INSTITUTION	170 USUAL OCCUPATION		26. KIND C	OF BUSINESS OR	
Randallstown	Meridian Nursi	ng Cer	nter Randallst	own Homemal			Home	
JSUAT RESIDENCE (# ACREMO HORE OF LINE STATE	RY THE CITY OF TOX	RE ADMITIONNI MIN	134 INSIDE CITY LIMITS?	DE STREET ADDRESS			CHECKS CONTRACTOR	
Maryland Balti	more Randall	stown	YES NOW	8900 Flagst	one Ci	rele	21133	
	. Wes	coat	Is MOTHERS MAIDEN NAM	₩E ==004E		Hoo	ď	
WAS DECEASED EVER IN U.S. AR	MED FORCEST 166 SOCIAL SEC	URITY NO	17: INFORMANT	ADDRESS		2	1133	
NO CONTRACTOR (F 153 CONT	216-14	-4553	Mrs. Virginia	Harris 8900	Flagst	one	Circle	
18 CAUSE OF DEATH I Enter on	ly one course par line to: (a) _tb: a	nd (c)	1 /	1/ . 0	T		DOSET AND DEATH	
PART I DEATH WAS CAUSED IMMEDIATE	1 4 4	toria	sellete	1de 1. 114	to-el		-	
7303								
1302	DUETO, OR AS A CONSEQU	ENCE OF						
Conditions, if any, which	(10)	A Tree						
gave rise to immediate come in stating the	-					100		
underlying state lost	DUE TO, OR AS A CONSEQU	ENCE OF						
The second second second second	(c)							
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATHWILL	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN I	OPART IS	0	
THE DATE OF COPPRATION (C)	were their	lile						
MI DATE OF OPPRATION	196 CONDITION FOR WHICH	OPERATIO	WAS PERFORMED			TIFYING CAUSES OF DEATHY		
6/27/h	bollongel	ete 7	re	YES NOW	YES 🗌	CHUGES	NO []	
OR CONTRIBUTING CAUSE OF THE	HOUR AM MONTH C	AY YEAR	71: HOW INJURY OCCURR	ED. ((ANTEHADURE OF POLICE)	PENSON DI MEDI	(1.79)(4.80)		
A CHARGE WOLKA WEDICAT SATWINGS	MATERIAL PROPERTY OF THE PROPERTY OF THE	19						
114 INJURY OCCURRED	ZIE PLACE OF INJURY	Name and L	THE LOCATION	CITY DE TOWN		COUNTY	10.0	
S seem to seem to	THE PERSON NAMED IN COLUMN SAFERE			/		6		
22x I certify that (1) Ithy hospit	all attended the deceased from	2	19_8	2 10 7/11	19_1	1.5	that it (we) fast	
saw the decembration on above. It is enjoyed and and	I view the blody ofter death.	\$5.00	nd that in (my! (our) opinion d	leath occurred on the date	and hour and	from the	covies stated	
274. SIGNATURE		700	DEGREE	VIEW TOWN		The DATE	SKINED	
011			ATTENDING-	MEDICAL STAFF DIRECTOR PHYSICIAN	VIII	7-	16-22	
22d PHYSICIAN'S HAVE STIPLO	PARISTS .		11e ADDRESS		0			
Howard .	S. Garber 1	7.0	15.310 Old	Crost Rd	Ra	Ishn	etown M	
BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			ञ्या दे	
Burial			h Presbyteria		Susse	c D	De laware	
4 FUNERAL DIRECTOR Loring	Byers Funeral	Direct	ors, INC. 250 DATE	REC'D. BY REGISTRAR 256	REGISTRAR	SSIGNAT	TURE-	
8728 Liberty Road	Randallstown,	Marylo	and 21133	1 9 198:	munc	ja la	may	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP_

O FUNERAL DIRECTO

PORTANT, II II



	1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	BNE 3	REG. NO.	7 5 8	3	3
5		CEASED NAME	FIRST		IDDLE	- L	AST	20 DATE OF D	EATH MONTH	DAY YEAR	2b	HOUR
			HARLE	5	H	CRO	55.		7-	14-83.	1	- 58AM
	3. SE	X	4 RAC	CE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YE	AR IE	UNDER 24 HRS
	7	Ma	le	white	e	MONTH	- 17 - 10.	72	YR	MONTHS. DA	rs HC	DURS MIN.
1		INTHPLACE STATE OF FO	REIGN 76 CIT	IZEN OF V	VHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	CITY OR COU			
25		Maryland		U.S.	4.	WIDOWE		Balto.	County	Genero	il H	ospital
2	10 CI	ITY OR TOWN OF DEAT			OSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OC		12b KINI	D OF BU	JSINESS OR
20	2	Randallsto					l Hospital		Postal E			
T.	13a. S	AL RESIDENCE (IF NURSINGSTATE	36 COUNTY Balto.	NSTITUTION C	BIVE RESIDENCE BEFORE 13c CITY OR TOW Hebbuil	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO.200	13e STREET AD	oress Clays Lo	me 212	207	1 20
かり	14 FA	ATHER'S NAME	WIDDIE		LAST		15. MOTHER'S MAIDEN NA	ME				
ox or		Charles	C.		Cross		Margaret	^	AIDDLE	Buck	LAST	
		VAS DECEASED EVER II	U.S. ARMED F		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS 26	00 Clay	is I	a. #11:
E		No	TIP YES, GIVE WAR C		216-44-2	899	Mrs. Julia Ci	ross		nore, MI		1207
direct tradimonic event		18 CAUSE OF DEATH lEnter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carling mic 3 hock is pull ordinary DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF (c) The indestruction of Carling the conditions of the								TANDERIS		
in lock.	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a										
5	ERTIFICAT	19a DATÉ OF OPERATI	ON 19	b CONDIT	ION FOR WHICH	OPERATIO!	N WAS PERFORMED	20a AUTOPS	20b. IF IN CEI	YES, WERE FIN RTIFYING CAUS YES	SESOF	USED DEATH?
9	ICAL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	b. TIME OF HOUR A.M P.M	. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PART	73	
000	MEDI	21d INJURY OCCURRE	1.6	e PLACE O	F INJURY ET, FACTORY OFFICE, FA	ARM, ETC }	21f LOCATION STREET	c	ITY OR TOWN	COUNTY		STATE
S 17 1		220 I certify that (1) (saw the deceased abave, (1) (we) (di				0	d that in (my) (aur) apinion of	deoth accurred o	n the date and	havr and from t		(I) (we) last es stated
D E		22b. SIGNATURE					DEGREE	MEDICAL	CYAFF	22c. DA	TE SIGI	NED
		R.	m. Sha	h. T	(D.			MEDICAL DIRECTOR	STAFF PHYSICIAN	17.	14	-83.
		22d. PHYSICIAN'S NA		1011			12e ADDRESS B. C.	C7.11.		11-11-		
		R	.m. SI	HAH.	M.D.		OLD court.	20 ILA	wha u	17NN	1 ~	D.

23E NAME OF CEMETERY OR CREMATORY

21133

Loudon Park Cemetery

23d LOCATION
CITY OF TOWN
Baltimore

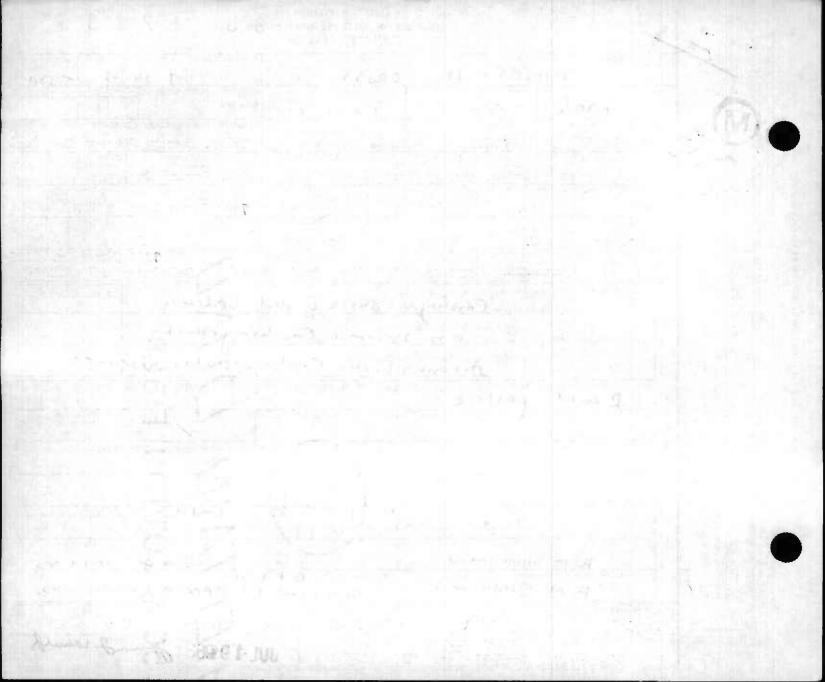
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbompapers. Pages with the State Dept of Mealth and Mental Hygiene prior to burial, crematian, ar removal.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) 8728 Liberty Rd. Randallstown, MD

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

23b DATE

7/18/83 Loudon Par Loring Byers Funeral Directors



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, PAGE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS BURIAL. TRANISIT PERMIT. PAGES 1 AND 2.3 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, DIVISION OFWITAL BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9	0 10	100		9
RE	G. NO.			

-1	RI	EGISTRAR		WEDI	CALEXAMINER	2 CEKLIFIC	CAILOF	DEATH REG. NO.		
1		EASED NAM	E FIRST	M	IDDIE	LAST		THE RESTRICT	DAY YEAR	26 HOUR
1		OR PRINT)				JLBERTS		DEATH MATED	ty /1083	95 M
	3. SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS	MONTHS DAYS	HOURS /		NTH DAY YEAR	2d HOUR
- [MA	ALE	WHITE	3 23 1	951 32 YRS.	MONTHS	HOURS	DEAD VU	14/1083	95M
7		THPLACE (S		76. CITIZEN OF WHAT	COUNTRY?	MARRIED X NE	VER MARRIET			
1		Calif		USA		IDOWED [DIVORCED			MD
4	w.	YOR TOWN	OF DEATH	(IF NOT IN SUCH FACILIT	AL, NURSING HOME, OF TY, GIVE STREET ADDRESS)		TION	20 USUAL OCCUPATION (TYPE OF W	OR INDUSTR	RY
	4		TE IN NURSING HOME (PHS HOSPI]	ral		V * 1 *	Ilisula	
	13a ST/		13b COUN Ba		Rodgers For	ge YES -	NOXE 1	3e STREET ADDRESS 16 Mur	dock Rd.	
A	14 FAT	HER'S NAME		Coe Cul	bertson		ER'S MAIDEN Janet	NAME	Fadley	
4	14n W/		D EVER IN U.S. AR		66. SOCIAL SECURITY NO	150000		ADDRESS	1 4420)	
		, NO, OR UNKNO		WALL OR DATES	556 74 2914				me	100
							,	arbertbon ba		
		PART I DE	ATH WAS CAUSE		752. (b), and (c)		Tien		HETWEEN ONIGE	AND DEATH
	16	49	39 IMMEDIA	TE CAUSE (a).	A CONSEQUENCE OF	1	2		Curu	
		Canditia	ns, if any, which	7	1	louh	-0.7	- Q-	Est.	1
	9.4		se to immediate stating the under-		A CONSEQUENCE OF	6/10	710/1	cag	Jera	An.
1		lying car		DOE TO, OR AS	10 1 h	1.1.0	87	Vamelier	,	
	1	PART 2 OTHER ST	GNIFICANT CONDITIONS	(CONTRIBUTING TO OFATH BUT	NOT RELATED TO THE TERMINAL	DISSACE OR CONDITION	IN CIVEN IN ABT	1 orrain		
1					NO RECEIVED COME TEXAMINAL	DISCRET OR COMBINE	N GITCH III	1 0		
7	E I	190 DATE OF	OPERATION	19b. CONDITIO	N FOR WHICH OPERATION	ON WAS PERFOR	MED?		20 AUTOPSY?	
	MEDICAL CERTIFICATION								YES 🗆	MON
2	E E		AL CAUSE WAS	21b. TIME OF IN	JURY AONTH DAY YEAR	21c. HOW INJURY	OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)	-
2	X	UNDERLYING	OR CAUSE OF		19					
П	ED	21d INJURY O		21e PLACE OF		II. LOCATION	214/42	C 27 4 CO 1 COUNT	COUNTY	STATE
	E	AT WORK	NOT WHILE] SIRCEL, PACION	T, FARM, ETC.)	SINCE		CITTORTOWN	COUNTY	JIAIE
				ge of the remains describ	ped abave held an	Autopsy .	Inspection	X. Inquiry and in	my opinion	
		death result			ccident . Suicide				/	
		dedil reson	1/21		-	1 16	SPECIFY)		71.1	
		SIGNATURE	Mies	lest ())onnel	Ino De	pul-4			3
		Allen			/	11	/			
		EXAMINER'S (TYPE OR PRI				ADDRESS_				
		ECHEVI	TION, REMOVAL		230 NAME OF CEMET			OF ESTI- DEATH MATED DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION (TYPE OF WORK INDUS FOR MOST OF WORKING LIFE) 130 STREET ADDRESS 16 Murdock Rd. DEN NAME The street Address Culbertson ADDRESS Culbertson Same 20 AUTOPS: YES DATE APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION ADDRESS Culbertson Culbertson APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION ADDRESS Culbertson APPROXIMATION APPROXI	ATE	
		Bur		7/6/1983	Dulaney Va	alley Me	m Gds	Cockeysville	Balto Mo	d
		NERAL DIREC		ADDRESS			25a. DATE RE		R'S SIGNATURE	
	Mit	tche11	-Wiedefe	1d Home 650	00 York Rd.		JUL 8	3 1983 Janua	- coming	

BP_ **DHMH - 17**

(VR AT5 ME (5)) 20M 4/B2

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENG

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REGISTRAR				CERTIF	ICATE OF I	EATH	RE	G. NO.		
I. DECEASED NAME	FIRST		AIDDLE		AST		20. DATE OF DEA		DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Vict	or	G	Dahle				07/0	08/1983	3 3:30M's
1 SEX	- 4	I. RACE		5 DATE C			6. AGE IN YEARS LA		MONTHS DAYS	R IF UNDER 24 HRS
Male		Whit	е	07	2 ⁷	1916	66	rs yrs		HOURS MIN.
IN BIRTHPLACE (STATE COUNTRY)	OR FOREIGN 7	USA	WHAT COUNTR	8. MARRIE	D A NEVER		9. BALTIMORE CI		TY OF DEATH	
10 CITY OR TOWN OF	DE ATIL		HOSPITAL, NUR	WIDOWE		VORCED	17a USUAL OCCU			MD. OF BUSINESS OR
Rodgers Fo	rge	150° H	opkins	Rd •	OTHER INS	IIIOIIOIV	Ret Mg1		INDUSTRY Ship	Chandler
USUAL RESIDENCE (IF P 130. STATE Md	Balte Balte	THER INSTITUTION. TY O	Rodger	S Fore		ITY LIMITS?	13e STREET ADDR	^{ESS} 150 Ho	pkins R	1204 d.
14 FATHER'S NAME	rge ~	UDDLE	Dahle			MAIDEN NAM Hattie	AE MIDI	Win	desheim	AST L
160 WAS DECEASED EN	ER IN U.S. ARA	NED FORCES?	166 SOCIAL SE		17 INFORMA	.NT	A	DDRESS		te retain
YES, NOOR UNKNOWN	WW1.	TWAR OR DATES]	215 07	1839A	Josep	hine B.	Dahle	Same		
Conditions, if of gove rise to cause (a), st underlying co	immediate ating the iuse last.	(b) DUE TO, O (c) DIDITIONS <u>CC</u>		Arter: QUENCE OF ODEATH BUT hic La	NOT RELATED	TO THE TERMI	Vascula NALDISEASE OR OSIS 1200 AUTOPSY?	CONDITION G		OINGS USED
210. ACCIDENT WAS		216 TIME O	F INJURY M. MONTH	DAY YEAR	21¢ HOW IN	JURY OCCURR	YES NO		YES D	NO 🗌
OR CONTRIBUTING		H HOUR A.		DAT TEAR						
WHILE NO NO AT WORK AT WORK	URRED	21e PLACE	OF INJURY	FARM ETC)	211. LOCATE STREET	DN	CITY	OR TOWN	COUNTY	STATE
22s. I certify that saw the dec obove, (I) (w 22b SIGNATURE	(I) (this hospite eosed olive on_ e) (did) (did not			1.01	DEGREE		, to		our and from th	n, that (II (we) lost the couses stated TE SIGNED
			VX	2 . 5			MEDICAL DIRECTOR P	STAFF TYSICIAN [07	/08/83
22d PHYENCIANU	ddie N		a M.D.		22e. ADDRES		ulaney	Valle	v Rd T	owson
23a. BURIAL, CREMATIC	ON, REMOVAL	236 DATE 7/11/1	2	Gardens		CREMATORY	23d LOCATION Baltir	I	COUNTY	STATE Md
24 FUNERAL DIRECTOR Mitchell-W		d Home	6500 Y 0	ork Rd.		JUL 250 DATE	1 4 1983		STRAR'S OF	

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the haspital or offending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cemplately filled should be detached for use as the buriol-transit permit. Then please remove corbon papers. Fager 1 and 2 should the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHOLOGICAL

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	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
1. DE	CEASED NAME E OR PRINT)	RES	IV.	arie	DAL	AST	20. DATE OF DEATH	MONTH DI		26 HOUR
3. SE		4. R/	white		5. DATE C	pt. 24, 1903	6. AGE (IN YEARS LAST 811	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
)	IRTHPLACE (STATE OR FOR COUNTRY) West Virgin	ia.	US		MARRIE		9. BALTIMORE CITY C Bal	timore	OF DEATH	м
j	Randallstown		Baltin	nore Cour	nty Ge	eneral Hospital	126. USUAL OCCUPAT (TYPE OF WORK FOR MOST O housev	OF WORKING LIFE)		OF BUSINESS OF
136]		Montgo	mery	GIVE RESIDENCE BEFORE		YES 🖹 NO 🗌	134. STREET ADDRESS 635 Bland	ford St	reet 2	0850
14 F.	Henry	$\mathbf{F}_{ullet}^{MIDDL}$	rE	Mayer		15. MOTHER'S MAIDEN NAME Elizabeth	WIDDLE		Mille	r
	WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED		559-40-		Helen V. Aus	stin same as			
	18 CAUSE OF DEATH PART I. DEATH WAS 4 940 IN Conditions, if any, was governise to immediately and the second secon	CAUSEÓ BY	AUSE (a)	AS A CONSEQUE	ســــــــــــــــــــــــــــــــــــــ	unio	pulmone	مامن	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	underlying cause	last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	blat Distance on con-	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
NO		ت ما	ALCO DE LA COLONIA DE LA COLON		Su-s	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DILION GIVE	N IN PART HE	,
CERTIFICATION	190 DATE OF OPERATIO	7	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
EDICAL CER	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME OF HOUR A./ P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
MEDI	21d INJURY OCCURRED	1000	218 PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE

226. I certify that (I) (this hospital) attended the deceased from saw the deceased of dive an above, (I) (we) (did (did not) view the body offer death.

DEGREE
-D. ATTENDING PHYSICIAN [

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

7-12-83

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

POURMOTABBED

Balto. Co. Gr. Hoyile

236. BURIAL, CREMATION, REMOVAL Burial

7/15/83

Gate of Heaven Cemetery of Stiver Spring Maryland

82

MPORTANT: If Item 21 is marked or Item 18 sh

1331 Rockville Pike Rockville, Maryland 20852

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATUR

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

should be detached

ereinfile Airland I a Careful Comety Designal Compty Designal Compty Designal Compty Designation of November 1 transfer to the transfer of the contract of th STATE CONTRACTOR OF THE STATE O and the second of the second o CARL SECTION OF THE PERSON OF The state of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	7	3	8	1
NO.				

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST		YEAR 26 HOUR
Mary	-	Daugert	July 18, 1983	TAM
SEX	4. RACE	5. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
Female	White	May 31, 1904	79 YRS.	NONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Md.	USA	WIDOWED XX DIVORCED		inty MD
CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
RUXTON SUAL RESIDENCE (IF NURSING HOME)	Manor Car		Housewife	
30. STATE Md.	UNTY 136. CITY OR TO	OWN 13d. INSIDE CITY LIMIT	5? 13e. STREET ADDRESS 5633 SAgra Road	21239
FATHER'S NAME		15. MOTHER'S MAIDEN		
Charles .	Richards	on Sally	MIDDLE H=	une LAST
WAS DECEASED EVER IN U.S.			ADDRESS	9110
	GIVE WAR OR DATES) 220-07-		hy Misterka same	
	only one couse per line for (a), (b),		ng Misterna Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Old he	miplegia in 1966 WH	DUENCE OF TO DEATH BUT NOT RELATED TO THE HO CANCER BY ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES NO NO NO YES	EN IN PART TO BELLE & CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P
	DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	ART 1 OR PART 2)
LIFEITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE PR	P.M. 21e PLACE OF INJURY	216 LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
saw the deceased plive	spital) attended the deceased from 7/18/11	m	nion death occurred on the date and hou	that (we) los r and from the couses stated
226. SIGNATURE	John .	DEGREE ATTENDIN PHYSICIA	MEDICAL STAFF	7/18/83
224. PHYSICIAN'S NAME TTYP	E OR PRINT)	22e. ADDRESS		
Khin M. Tu			ch Raven Blvd., Bal	timore, Maryla
a. BURIAL, CREMATION, REMOV	AL 236. DATE 2	30 NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	COUNTY STATE
Burial	July 21,1983	Glen Haven	C7 D 1	A. CO. Md.

DHMH - 16 50M 4/82 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN; The low eloined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the buriol-transit permit. Then please remave carbonpapers. Pages, "and 2 should be filed withing with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event,

Leonard J. Ruck, Inc. Baltimore, Maryland

JUL 19182 John Strangstran 256. PERISTRAR'S SIGNATURE

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ottending physicion and completely filled — Urlandove carbonpopers. Pages 1 and 2 shauld by these

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, or other traumatic event, the 0

within 24 hours ofter death. Page

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

my	No.	33	53
7	3	8	8

REGISTRAR			EKTIFICATE	DEATH	REG. NO).		
1. DECEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
(TYPE OR PRINT) Harry		W. D	aughton	DV. TH	July 7,	1983		230 PM
3. SEX	4. RACE	5.1	DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT		JNDER I YEAR	
Male	Whi	te A	ugust 10	, 1906	76	YRS.	UATS	HOURS MIN.
a. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	AARRIED A NEVI	ED MARBIED [9. BALTIMORE CITY O	R COUNTY O	DEATH	
Maryland	U.S	A	IDOWED T	DIVORCED [Baltimor	e Count	y	MI
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING H		NSTITUTION	12a USUAL OCCUPATION		126. KIND (OF BUSINESS OF
Catonsville	Summi	t Nursing H	lome		Captain	WORKING (IFE)		Dept.
USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b. COL Maryland Bal		GIVE RESIDENCE BEFORE ADM 13c CITY OR TOWN Catonsvill	1136 INSID	E CITY LIMITS?	13. STREET ADDRESS 219 Blaken	ey Rd.	21	1228
14 FATHER'S NAME	WIDDLE	1467	15. MOTH	ER'S MAIDEN NAM	NE MIDDLE		14	AST
William	E.	Daughton		Minnie			Ricko	ur
160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY	NO. 17 INFOR	RMANT	ADDRE	Catons	rille,	, MD.
(YENO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	213-14-02	261 Mabe	1 V. Daug	ghton-219 B	lakeney	Rd.	
18 CAUSE OF DEATH (Enter		ling for (a) (b) and (c					APPRO	XIMATE INTERVAL
gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	(c)	ONTRIBUTING TO DEA		TED TO THE TERM!	nal disease or coni	DITION GIVEN	IN PART 1	(0
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH OP	ERATION WAS PE	RFORMED	20a AUTOPSY?			S OF DEATH?
RTI	T 21b, TIME C	DE IATHIBY	121, 201	VINITIES OCCUPE	YES NO Z	YES	L ORBARI AL	но 🗆
	DEATH HOUR A	M. MONTH DAY	YEAR	V IIVJORY OCCORR	ED TENTER NATURE OF INJU	KT IN HEM 16 PAR	(ON PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM	ETC) 21f. LOC	ATION	CITY OR TO	WN	COUNTY	STATE
220. I certify that (I) (this had sow the deceased alive a obove, (I) (we) (did) (did)	June 1	7 19 83	, and that in (my) (**) apinion o	deoth occurred on the de	. 19 ate and haur o	nd from the	, that (we) last e causes stated
22b. SIGNATURE	and m	o-for	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI		22c. DAT	8/83
224 PHYSICIAN'S NAME (m	E CHERNIE		22e ADD					
Dr. Patrick	White M	.D.	299	Frederic	ck Rd., Cat	onsvill	e. MI	0. 21228
230 BURIAL, CREMATION, REMOVA			AE OF CEMETERY		23d LOCATION			

DHMH - 16 50M 4/B2

(VRA 15, 4)

BP

Burial July 11,83 William Watters Cem. Cooptown Harford

14 Leroyo Mcrok Russell C. Witzke Funeral Homes P.A. Date RECORD REGISTRAR 26 REGISTRAR 26

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eville, M.	nosiali (12-nosia) maniali (112-nosia)	Males V. De	215-14-0251		
			ENERGHIER		
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44 B					
	Ack Rd., Datominul e. Doomtomin Her			nia poin	in trans

director, page 3 hours after death

1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	0.	5 0	7
	ECEASED NAME FIRST HERM		IDDLE	Di	9V15	20. DATE OF DEATH	7 - 2:		26. HOUR 4
3. SE	M ALE	V	ніте	S. DATE C			XXYRS.	FUNDER I YEAR	
1	SIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	U.S		WIDOWE		9. Baltimore city of Baltimore	County	y	M
1	ROSEDALE	FRANKL	IN SQUARE	HOSI	PITAL	ELECTRICIAL	ON IF WORKING LIFE)	ELEC	TRICAL
13a.	JAL RESIDENCE (IF NURSING HOME O STATE IN COUL	POTHER INSTITUTION, NTY	13c. CITY OR TOWN QUEENS		YES NO	13. STREET ADDRESS 6560 BOOT	I ST.	11374	19999
1	ATHER'S NAME BENNETT	MIDDLE	DAVIS		15. MOTHER'S MAIDEN NAM ELLA	MIDDLE		DIX	ľŠ
160	WAS DECEASED EVER IN U.S. AF {YES, NO OR UNKNOWN} (IF YES, GENERAL PROPERTY OF YES, GENERAL PRO	MED FORCES?	132-10-1		MAE DAVIS BEL	LVEDERE & G			VES. 21
CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FIND	
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO	YES		но 🗌
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C			211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.t certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no		3 19	July 83	, 19 <u>83</u> nd that in (my) (our) opinion o	, toU	ote and hour		
	276 SIGNATURE	va, Mi	Δ.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DAT	23-8
	Isabel Rodric	quez, M.I			9000 Frankl)r. 21	1237	
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL FUNERAL DIRECTOSOL LEV	7/25/8	BAI	LTIMO	RE HEBREW CEM	23d. LOCATION CITY OF TOWN BALTIM E REC'D. BY REGISTRAR		COUNTY	MARYLAN
6	010 REISTERSTOW	N RD. BA	LTIMORE,	MARYL		271083	John	20	anul

STATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If hem 21 is marked or hem 18 shows any injury, or other traumatic event, the medical

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

hetained by the hospital or attending physician.

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30 TELL 10- 1000 Kind -57 PO E The CAS so red to the exdetroyed it. Leaten TO SERVE OF THE PROPERTY OF TH

20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		200	4	
REC	NO.	496		

1 DE	CEASED NAM	E FIRS	ST	MIDDLE		LAST			20 DATE KN	IOWN. ID	MONTH	DAY YEA
	PE OR PRINT)		MADDEN		5	(Deev			OF I	ESTI- XX	7-2-	
3 SEX	(4 RACE	WARREN IS DATE OF B	IRTH	R AGE (IN YEARS	DEMPSEY	IF UNDE	P 24 HRS	2c. DATE	MILE L	MONTH	DAY YE
	ale	White	Tulv 2	1, 19 20°	LAST BIRTHDAY)	MONTHS DAYS	Hours		PRONOUNCE	ED	7-2-	-93 10
7n 81	IRTHPLACE (S	TATE OR		OF WHAT COUR	INJ.				9 BALTIMOI	RE CITY OF		
Ne	ew York		U.S			MARRIED 🔼 N	DIVOR	RIED 🔲		timor	-	
	ITY OR TOWN		11. NAME OF	HOSPITAL, NU	JRSING HOME, C	OR OTHER INSTIT		12a USU	IAL OCCUPA	TION (TYPE		126 KIND OF
Rar	ndallst	own	1901	Old Cou	rt Road			Ins	urance	- Po	or-B	or INDL
USUA 13a S			HOME OR OTHER INSTITUTION		E BEFORE ADMISSION		ALTY LINES		EET ADDRESS		&K	ennedy
	ryland	Ba	ltimore	Tow	son	YES			1 01d		Rd.	21204
14 F/	ATHER'S NAMI	Ē	WIDDLE		last	15 MOTE	HER'S MAID	DENNAME	MIDD	OLE .		LAST
V	Warren		Rae		sey, Sr.		Marga	ret	LAT			iner
	WAS DECEASE	DWN) IF YES	S. ARMED FORCES? S. GIVE WAR OR DATES)		CIAL SECURITY N							perley
	Yes		WWII	119	-09-6939	Mrs	. Jean	n R.	Dempae	y, Tow	son,	Md.21
	gave ri	ins, if any, w ise to immed) stating the un	diate (b)_	OR AS A COL	NSEQUENCE OF							
No.	gave ri cause (a lying cai	ise to immed) stating the <u>unuse last.</u>	diate (b)_		NSEQUENCE OF		ION GIVEN IN P	PART 1 a				
CATION	gave ri cause (a lying cai	ise to immed) stating the <u>unuse last.</u>	diate (b) DUE TO	OEATH BUT NOT REL	ALEO TO THE TERMINA			PART I I a				20 AUTOP
TIFICATION	gave ri cause (a lying cau PART 2 OTHER S	ise to immed) stating the <u>unuse last</u> . IGNIFICANT CONDI	diate (b) DUE TO (c) ITIONS CONTRIBUTING TO	OEATH BUT NOT REL	ALEO TO THE TERMINA	IL DISEASE OR CONDITI	ORMED?					YES [
CAL CERTIFICATION	gave ricasse (a lying course for lying c	ise to immed) stating the uruse last. IGNIFICANT CONDITION F OPERATION AL CAUSE WA	diate (b)_nder (c)_ ITIONS CONTRIBUTING TO 19b. CC AS 21b. TIA HOUR	OEATH BUT NOT REL	A160 TO THE TERMINA	AL DISEASE OR CONDIT	ORMED?		NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PAR	YES [
MEDICAL CERTIFICATION	gave ri cause (a lying cai PART 2 OTHER S 19a DATE OF 71a EXTERN. UNDERLYING CONTRIBUTI 71d INJURY (7	ise to immed strong the unique last. IGNIFICANT CONDITION AL CAUSE WAS GOOD ON THE CONDITION ON THE CONDIT	diate (b) DUE TO (C) DUE TO (C) ITIONS CONTRIBUTING TO (C) AS ZIB. TIME HOUF E OF DEATH	OEATH BUT NOT REL DINDITION FOR WE OF INJURY R. A.M. MONTH	WHICH OPERAT DAY YEAR 19 Y (AT HOME.	IL DISEASE OR CONDITI	ORMED?		NATURE OF INJUR		ART I OR PAR	YES C
MEDICAL CERTIFICATION	gave ricasse (a lying case (a	FOPERATION AL CAUSE WAS GOOD COURRED NOT WHILE AT WORK	diate (b) DUE TO (c) DUE TO (c) ITIONS CONTRIBUTING TO (D) TO	OEATH BUT NOT REL ONDITION FOR ME OF INJURY R A.M. MONTH P.M. ACE OF INJURY ET, FACTORY, FARM.	WHICH OPERAT H DAY YEAR 19 Y (AT HOME.	TION WAS PERFO	DRMED?					YES [
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MEDICAL CERTIFICATION	gave ricasse (a lying case (a lying case) PART 2 OTHER'S 19a DATE OF 21a EXTERN. UNDERLYING CONTRIBUTI 71d INJURY (WHILE AT WORK 22a I cert	FOPERATION AL CAUSE WAS GOOD COURRED NOT WHILE AT WORK If that I took is	diate (b) DUE TO (c) DUE TO (c) ITIONS CONTRIBUTING TO (D) TO	OEATH BUT NOT REL ONDITION FOR ME OF INJURY R A.M. MONTH P.M. ACE OF INJURY ET, FACTORY, FARM.	WHICH OPERAT H DAY YEAR 19 Y (AT HOME. ETC.)	216 HOW INJUR 216 LOCATION STREET Autopsy , de , Hom	Inspection	an XX.	CITY OR TOWN	, and	COU I in my ap	YES [
MEDICAL	gave ricause (a lying cai lying cai lying cai lying cai life DATE Of the START 2 OTHERS 1% DATE Of the CONTRIBUTION CONTR	IGNIFICANT CONDITION AL CAUSE WAS GOOD COURRED OCCURRED NOT WHILE AT WORK wify that I task of the difference of the course of t	diate nder (b) DUE TO (c) DUE TO	OEATH BUT NOT REL ONDITION FOR WE OF INJURY R A.M. MONTH P.M. ACE OF INJURY ET, FACTORY, FARM Accident	WHICH OPERAT H DAY YEAR 19 Y (AT HOME. ETC.) ave, held an	21¢ HOW INJUR 21¢ HOW INJUR 21¢ LOCATION STREET Autopsy de M.D.A.S. ADDRESS	Inspection (SPECIFY)	on XX. Under	Inquiry E	, and	COU I in my ap	YES [
WEDICAL 230.B	gave ricause (a lying cai lying cai lying cai lying cai life DATE Of the START 2 OTHERS 1% DATE Of the CONTRIBUTION CONTR	GOVERNMENT IN THE PROPERTY OF	diate nder (b) DUE TO (c) DUE TO	OEATH BUT NOT REL ONDITION FOR WE OF INJURY R A.M. MONTH P.M. ACE OF INJURY ET, FACTORY, FARM Accident Accident	WHICH OPERAT H DAY YEAR 19 Y (AT HOME. ETC.) OVER THE TERMINA SUICH	21¢ HOW INJUR 21¢ HOW INJUR 21¢ LOCATION STREET Autopsy de, Hon TITLE	Inspection (SPECIFY) Istant	an XX. Under	Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inquire Inquir	, and	COU I in my ap DATE SIGNEI	YES (2) INTY INITY

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

etoined by the hospital or attending physician.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGINE
CERTIFICATE OF DEATH

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3. SE	X	KARLIS I	DETLAYS (DETLA 5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BE		1F UNDER 1 YEAR	10:5
	Male	White		June	27.1911	72	YRS.	MONTHS DAYS	HOURS
	IRTHPLACE (STATE OR FORE COUNTRY)	IGN 76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWE	D NEVER MARRIED DIVORCED	BALTIMO			
	TOWSON	ST	JOSEPH I	ADDRESS) HOSPI	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Assemblyme	OF WORKING LI		BUSINES
13a.	Md.	HOME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW Bàltimor	'N	134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 528 Orkney		21212	
	ATHER'S NAME FIRST		tlavs			MIDDLE		LAS	Ť
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? F YES GIVE WAR OR DATES)	219-30-7		17. INFORMANT Vera Detlavs	ADDR	ife)		MATE INTERVA
	Conditions, if ony, w gove rise to immed couse (0), stoting	hich (b) iote the DUE TO, O	INTEST: PROBABI OR AS A CONSEQUE OR AS A CONSEQUE	ENCE OF	INFARCTION LTIPLE ATH EMBOLIZATION				
FICATION	Conditions, if ony, w gove rise to immed couse (o), stoting underlying couse	DUE TO, O hich iote the DUE TO, O lost (c) CANT CONDITIONS CO	PRAS A CONSEQUE PROBABI OR AS A CONSEQUE ONTRIBUTING TO D	ENCE OF	JLTIPLE ATH	NC	20b. IF YE	VEN IN PART 10 S, WERE FINDIN FYING CAUSES	NGS USED
AL CERTIFICATION	Conditions, if ony, we gove rise to immed couse (o), stoting underlying couse PART 2. OTHER SIGNIFI 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	DUE TO, O hich iote the DUE TO, O lost CANT CONDITIONS CO N 19b. COND YING 21b. TIME C HOUR A.	PR AS A CONSEQUE PROBABI OR AS A CONSEQUE ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY OME INJURY OME INJURY OME INSTRUCTION TO THE INSTRUCTION	ENCE OF ENCE OF DEATH BUT OPERATION	JLTIPLE ATHE EMBOLIZATION NOT RELATED TO THE TERM	ON MINAL DISEASE OR CON 200 AUTOPSY? YES X NO	20b. IF YE	S, WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	Conditions, if ony, we gove rise to immed couse (b), stoting underlying couse PART 2. OTHER SIGNIFI 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDERLY	DUE TO. O hich iote the DUE TO, O CANT CONDITIONS CO N 19b. COND 19b. COND YING	PR AS A CONSEQUE PROBABI OR AS A CONSEQUE ONTRIBUTING TO DESCRIPTION FOR WHICH	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	JLTIPLE ATHI EMBOLIZATION NOT RELATED TO THE TERM N WAS PERFORMED	ON MINAL DISEASE OR CON 200 AUTOPSY? YES X NO	20b. IF YE IN CERTII YE URY IN ITEM 18.	S, WERE FINDING CAUSES	OF DEATH
	Conditions, if ony, we gove rise to immed couse (0), storing underlying couse PART 2. OTHER SIGNIFI 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that XX (the sow the deceased obove XI) (we) (did)	DUE TO, O hich iote the DUE TO, O lost (c) CANT CONDITIONS CO N 19b. COND YING 19b. TIME C HOUR A. EXAMINER) P. 21b. PLACE (AT HOME, ST	PRAS A CONSEQUE PROBABI OR AS A CONSEQUE ONTRIBUTING TO E OFFINIURY M. MONTH DA M. OFFINIURY REET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 ARM. ETC.)	ILTIPLE ATHE EMBOLIZATION NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURE 211. LOCATION STREET	NON AINAL DISEASE OR CON 200 AUTOPSY? YES X NO RED (ENTER NATURE OF INJURE OF INJUR	20b. IF YE. IN CERTII YE. URY IN ITEM 18.	S, WERE FINDING CAUSES ES D PART I OR PART 2) COUNTY 19 3 Ur and from the	STA
	Conditions, if ony, we gove rise to immed couse (o), storing underlying couse PART 2. OTHER SIGNIFI 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDERLOW CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL 22a. I certify that X (the sow the deceased opove XI) (we) (did) 22b. SIGNATURE	DUE TO, O hich iote the DUE TO, O lost CANT CONDITIONS CO N 19b. COND YING	PRAS A CONSEQUE PROBABI OR AS A CONSEQUE ONTRIBUTING TO E OFFINIURY M. MONTH DA M. OFFINIURY REET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 ARM. ETC.)	ILTIPLE ATHE EMBOLIZATION NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET 19 83 TO THE TEMPLING PHYSICIAN E	NON AINAL DISEASE OR CON 200 AUTOPSY? YES X NO RED (ENTER NATURE OF INJURE OF INJUR	20b. IF YE IN CERTII YE URY IN ITEM 18.	S, WERE FINDING CAUSES ES DART OR PART 2) COUNTY 19 83. Ur and from the	STA
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DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be liked with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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after

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE 3 CERTIFICATE OF DEATH

1	7	:	9	3

FOR STATE REGISTRAR REG. NO DECEASED NAME FIRST 2n DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH JULY 16,1897 FEMALE WHITE 85 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED XX RUSSIA U.S.A. BALTIMORE COUNTY WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE COUNTY GENERAL HOSPITAL SEAMSTRESS RANDALLSTOWN CLOTHES 13n STATE 136 COUNTY (21207)13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE BALTIMORE 7940 DUNHILL VILLAGE CIRCLE NOXX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE FIRST **ALEXANDER** SIEGEL EVA BALLOW 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO NO BUCKNER 4600 OLD COURT RD, 21207 215-05-1241 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per liggifor (a), (b), and (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause to, storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 200 AUTOPSY? 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [218 ACCIDENT WAS UNDERLYING 7Th TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF NJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that_(1) (this hospital) attended the deceased from sow the deceased alive on above, (I) we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY ADATH YESHURUN CEM

22 ADDRES

23d LOCATION BALTIMORE

MARYLAND

BURTAT. LEVINSON & BROS., INC. (VRA 15, 4)

(SPECIFY)

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

7/4/83

250 DATE REC'D BY REGISTRAR 256 SPGISTRAR'S SONALDE

DHMH - 16 50M 4/B2

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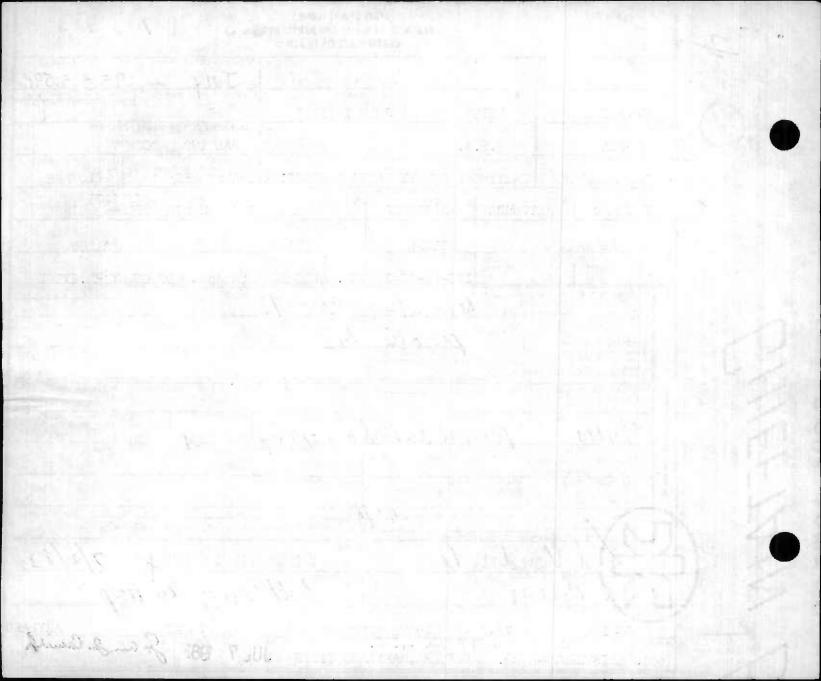
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IMPORTANT:

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executed within 24 hours ofte TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

STATE OF MARYLAND

1-	STATE REGISTRAR		DEP	CERTIF	EALTH AND MENTAL H		G. NO.	5 7	4	
	CEASED NAME	FIRST	MIDDLE	ı	AST	20. DATE OF DEA		YEAR	26 HOUR	
(TYPE	ORPRINT	Leroy	R.	Diet	rich	July 28	, 1983		5:00 A _M	
3. SE	X	4	RACE	5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY) IF U	JNDER I YEAR	IF UNDER 24 HRS	
30	JAL2	(WHITE	MAN	and the second	77	YRS.	TINS. DATS	MIN.	
	RTHPLACE (STA	TE OR FOREIGN 71	. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	D BALTIMORE C	ITY OR COUNTY OF	DEATH		
1h		no	U-S-A-	WIDOWE		nore Count	ty MD.			
	Towson	F DEATH 1	1. NAME OF HOSPITAL, NO LIF NOT IN SUCH FACILITY, GIVE St. Joseph I	TREET ADDRESS	ETYPE OF WORK FOR A	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SUP-OF SHIP. F. M.C.				
USU, 13a S	AL RESIDENCE (1	F NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE Y 13c, CITY OR		13d. INSIDE CITY LIMITS	1130 STREET ADDR	RESS	9	1234	
m	ARYLAN	. 0		344	YES NO NO	12901	ANDORR	ALO	URT	
14. FA	ATHER'S NAME	ANI	IDDLE LAS		15. MOTHER'S MAIDEN	NAME	DLE	LAST		
3	HARLS	is	DisTR	icH	KATHER	ins	S	CHM	DT	
	WAS DECEASED	EVER IN U.S. ARM	ED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	A	DDRESS			
	10		2130	1946LA	FAMILY	RECOR	05			
	IL CAUSE OF	DEATH Enter only	one couse per line for to . ()					APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH	
	PARTIL DEATH WAS CAUSED BY: Abdominal Carcinomatosis									
	/37'									
	Conditions, if ony, which (b) Carcinoma of Rectum									
	gove rise to immediate couse 101, stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying couse lost (c)									
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
5	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATIO				NI WAS DEDECTARED	20a AUTOPSY	20h IF YES W	, WERE FINDINGS USED		
CERTIFICATION			190. CONDITION FOR W	HICH OFERATIO	N WAS PERFORMED	YES NO	IN CERTIFYIN	G CAUSES	NO [
		AS UNDERLYING C	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE C	OF INJURY IN ITEM 18 PART	IT 1 OR PART 2)		
CAL		Y MEDICAL EXAMINER)	P.M.	19				1 11		
MEDICAL	21d. INJURY OC	CURRED	21e. PLACE OF INJURY	FFICE FARM ETC.)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE	
2	AT WORK	AT WORK								
		22a. I certify that & (this haspital) attended the deceased from July 19, 19, 83, to July 28, 19, 83, that & (we) lost								
	sow the de	eceased alive on _ we) (did) (did not)	view the body after death.	19_8301	nd that in (n) (our) opini	on death occurred on	the date and hour o			
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRE							22t. DATE	SIGNED	
1	22d. PHYSICIAN	HYSICIAN'S NAA 11110 INTI						21201		
	Balta	asar Vele	ez, M.D.		7620 Yo	rk Rd. To	wson Md.	21204		
23a I	BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATOR	23d. LOCATION		OUNTY	STATE	
B	URIAL		AUG-1,1983	OAKL	ALUN CEM	. BALTI	MORE	17	ARYLAND	
24. FI	UNERAL DIRECTO		ADD.	RESS . C.I	250.1		TRAR 256. RESTATRA	R'S SIGNATI	Capiel 4	
E	VANS	1-une	ral Chat	eL 880	of talfold	JUL 291	200	mon	many.	
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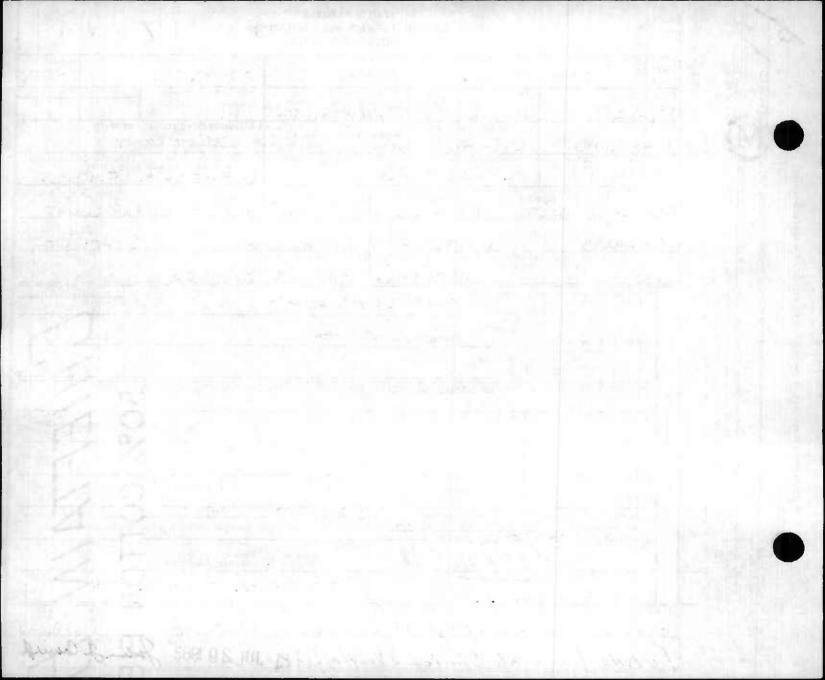
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled we with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

with the State Dept. or mount.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony



ofter deoth. Page 4 may be within 24 hours requires that the TO HOSPITAL OR ATTENDING PHYSICIAN: The low ottending physicion. retained by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral givegar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is morked or hem 18 shows only hijury, or other troumotic event, the medical examine must be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR			DEPAI		EALTH AND MENTAL HYG ICATE OF DEATH	BNE 3	7 5 9	5	
	CEASED NAME	FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR	
(TYPE	ORPRINT	Edward		D.	UISH	ILER	Ju	IV 31, 1983	6:25P M	
3. SE	Х	- 1	4. RACE 5.		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR	IF UNDER 24 HRS	
	Male		Whit	е	M3NTH	10-13 YEAR	70	YRS.	HOURS MIN.	
	RTHPLACE (STATE	OR FOREIGN 7	L CITIZEN OF	WHAT COUNTR	Y? B.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH		
	arvland		USA		WIDOWE		Baltimore C	County	MD.	
	ITY OR TOWN OF	DEATH 1	I. NAME OF	HOSPITAL, NUR		OR OTHER INSTITUTION	120. USUAL OCCUPATI		F BUSINESS OR	
	ssville		Frankl	in Squa	re Hosp	ital	Sheetmetal		n Co.	
130. 5	AL RESIDENCE (# N STATE arvland	13b. COUNT Baltin	Y	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS? YES NO XX	130. STREET ADDRESS 1712 Browns	Rd. 21221		
14. FA	ATHER'S NAME FIRST	Dishle	IDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	MÉ MIDDLE	LASI		
	WAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	166. SOCIAL SE		17. INFORMANT	ADDRE	SS		
(NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216 03	7237	Thelma Dish	ler	same		
	APPROXIMATE INTERVAL PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chronic Renal Failure Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. Underlying couse lost. APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Chronic Renal Failure DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Disease DUE TO, OR AS A CONSEQUENCE OF Hypertensive Arteriosclerotic Cardiovascular Disease									
TION	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u>						208 AUTOPSY?	1206, IF YES, WERE FINDIN		
CERTIFICATION	198. DATE OF OPE	RATION	196 COND	dition for which operation was performe			YES NO	IN CERTIFYING CAUSES		
	218. ACCIDENT WAS OR CONTRIBUTING (CAUSE OF DEAT			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	44.4	
MEDICAL	21d. INJURY OCC	URRED	210. PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE, FARM, ETC.)			211. LOCATION STREET	CITY OR TO	CITY OR TOWN COUNTY STATE		
	220.1 certify that sow the dec above, (i) (will 22b. SIGNATURE	eased alive on	July 3	9 10	9 <u>83</u> , or	nd that in (Xy) (our) opinion	death occurred on the de	ote and hour and from the		
Œ			Janis	RH.	Min	MD ATTENDING PHYSICIAN	MEDICAL STAI	FF 7/	31/83	
	224. PHYSICIAN'S	NAME (TYPE OR	PRINT)			220. ADDRESS				
	David H	. Ginn,	M.D.			9000 Frank]	in Square D	rive Balto	21227	
23a. l	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE			EMETERY OR CREMATORY	236. LOCATION CITY OF TOWN	COUNTY	STATE	
-	Burial		8-4-8	3	Gardens	of Faith	Baltimore		ryland	
1	UNERAL DIRECTOR	No. of Street, or other party of the street, or other party or other party of the street, or oth	Ment	DA ADDRE	DO CO	Eastern Ave A		256 REGISTRAR'S SIGNAT	URE	
DI	uzazinsk	1 runer	The life	TH THE	ATA I	Pascerii Well	0 0 1 303	marke la	MILLE	

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mardrinski lumeral lene ak 1407 vld samturn Ave. Hall Ball under 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 Abauld be Kiffi with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYERNE 3

ı	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
Ì		CEASED NAME	FIRST	ħ	MIDDLE	l	AST	26. DATE OF DEATH		AY YEAR	25 HOUR	
1	(ITPE	OK PRINTS	Alice	E. DOL	LAHITE			July 17	1983		12.10 H	
	Female A. RACE White					S. DATE C	DF BIRTH 2, 01/917 YEAR	6. AGE (IN YEARS LAST	eirthDay) if MC	FUNDER I YEAR		
1	70. BIRTHPLACE ISTATE OR FOREIGN 75. CITIZEN OF Baltimore, Md. USA				WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED WIDOWED DIVORCED DIVORCED			9. BALTIMORE CITY OR COUNTY OF DE			DEATH MD.	
	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	126. KIND O	OF BUSINESS OR	
		aryland		other institution. Eimore	13t. CHYSELOW	ADMISSION) 12122]	13d. INSIDE CITY LIMITS?	13. STREET ADDRES	slin Ave	. Apt	719	
1	14. FA	THER'S NAME		E. Webe	LAST T		15 MOTHER'S MAIDEN NA	beth Gelze		ias	ST .	
	16a. W	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VINO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 212 56 5515 Jack Dollahite, Husband Se							_	ame	MATE INTERVAL ONSET AND DEATH	
	CERTIFICATION	Canditions, if any, gave rise to immrcouse (o), stotif underlying couse PART 2 OTHER SIGN PneumC 19a. DATE OF OPERA	mediate ng the last. NIFICANT C	DUE TO, OO ONDITIONS CO	ONTRIBUTING TO D	l infa ence of erotion DEATH BUT	arction C heart disea NOT RELATED TO THE TERM ON WAS PERFORMED		20b. IF YES,	N IN PART 10 WERE FINDIN	NGS USED	
	RTIFIC						Tale HOW IN HIRY OCCUP	YES NO	YES		NO []	
7	-	OR CONTRIBUTING	DENT WAS UNDERLYING 2 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ROTHLY MEDICAL EXAMINER) P.M. 19						(T) OKPACT 27			
	MEDICAL	21d. INJURY OCCUR WHILE NOT WE AT WORK AT WO	HILE 🗍		218. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)				RTOWN	COUNTY	STATE	
		22a. I certify that M (this haspital) attended the deceased from 111 y 1 19 83 , to July 17 19 83 , that H (we) lost saw the deceased olive an 111 y 17 19 83 , and that in [ps] (aur) opinion death accurred on the date and hour and from the couses stated above, W (we) (did) (did of) view the body after death.										
-		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN \$\infty\$ 7/17/83										
		224. PHYSICIAN'S NAME (TYPE OR PRINT) Jameela Arshad, M.D. 226. ADDRESS 9000 Franklin Square Dr. 21237								1237		
	23a. B	BURIAL, CREMATION,	REMOVAL	7/20/	/83 Mai	· Vet	erans Cemeter	. 0	sville,		STATE	
9		zdzinski	Funera	il Home	PA 1407	old E	astern Ave	TE REC'D. BY REGISTR	11	AR'S SIGNAT	TURE	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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1 12	3355	a. 50		4 RACE		5 DATE O			6 AGE INYE	ARS LAST BIF
	1		Female	Whit	0	Dec.	9,	1906		7
6	NIL		HPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	MARRIED WIDOWE		MARRIED -	9 BALTIMOI Ba.	RECITYO
o after to	90	II C	Pikesville	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET A	G HOME O	R OTHER IN	STITUTION	12a USUAL C	CCUPAT FOR MOST O
AND 212 m 24 hou m 18 hould be hould be	33	13a S	aryland		130 CITY OR TOWN Baltim	V 1	YES 🔼	CITY LIMITS?	13e. STREET A	
MARY!	300	JA FA	THER'S NAME FIRST Edwin	MIDDLE	Johnson		15 MOTHER	r's MAIDEN NA	rtle	MIDDLE
TIMORE De como	2		VAS DECEASED EVER IN U.S. ARI YES NO ORUNKNOWN) (IF YES GIV	MED FORCES? E WAR OR DATES)	212-07-2		Mr.Cla		E.Kear	ney -
DS, 201 W, PRESTON ST., B quints, that the death centricol ingred by the attending physics has please endoes controloging to bursul, coremation, or removed play, or other traumatic event.	r to burist, cremation, or removinisty, or other troumatic event	NOI	PART I. DEATH WAS CAUSE 4360 IMMEDIAT Conditions, if ony, which gave rise to immediate cause io), stating the underlying couse last PART 2 OTHER SIGNIFICANT C	DUE TO, OI (b) DUE TO, OI (c)	RAS A CONSEQUE	NCE OF	NOT RELATE	DIO THE TOPA	MINAL DISEASE	ORCON
AL RECO	1	THICAT	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERF	ORMED	200 AUTO	PSY?
LOF VIT.	oral type	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	14	M. MONTH DA	Y YEAR	21¢ HOW II	NJURY OCCUR	RED (ENTER NAT	URE OF INJU
DIVISION Cherodic Cherodic On the bus	th and M	MEDICAL	21d INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE (OF INJURY EET FACTORY, OFFICE FA	RM ETC)	211 LOCAT STREE			CITY OR TO
OR ATTENDI * Historical or DIRECTOR, At cheef for use a	Dept. of Healt Hem. 21 is mo		220. I certify that (I) (this hospit saw the deceosed alice on 22b. SISSA I III	6/2	10 3	F3 one	EGREE		death occurred	
PITAL by the	ANT ANT		22d. PHYSICIAN'S NAME (TYPE OF	Ø TO	06	1	14 Y		MEDICAL DIRECTOR [STA:

FOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYPENE S - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO Myrtle DECEASED NAME LAST Dollenger 20. DATE OF DEATH Lee_ MONTH 26 HOUR (TYPE OR PRINT) 83 ollenger IF UNDER I YEAR PINDAY 6 R COUNTY OF DEATH County, ore 126. KIND OF BUSINESS OR OF WORKING LIFE) INDUSTRY ach. operator Retired Chapel Street - 21213 Damon 21213 1835 N.Chapel St .-DITION SIVEN IN PART III 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T RY IN ITEM 18 PART | OR PART 21 COUNTY STATE that (1) (Ye) last ate and haur and from the causes stated 224. DATE SIGNED IAN Harold B. Bob, M.D. 7220 Park Heights Ave - 21208 230. BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY Burial July 25,1983 Parkwood Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR Henry Sander & Sons, Inc., Balto., Md. 21213

STATE OF MARYLAND

garnoffor . out offer. THE C - 1 THE ASSESSMENT STORY 2001 ,0 .000 000 Bins bestrail reduced the man device of the contract of the contrac nist. Johnson accumol-- in dermap. I that - warmard, commont. - 1 to 5 - 10-110 PORMIT - Well of the Bill Man Total Comment of the with - buttered, establish the total total total total cery Ind. Ind. . 5.21618 Aug 1 1983

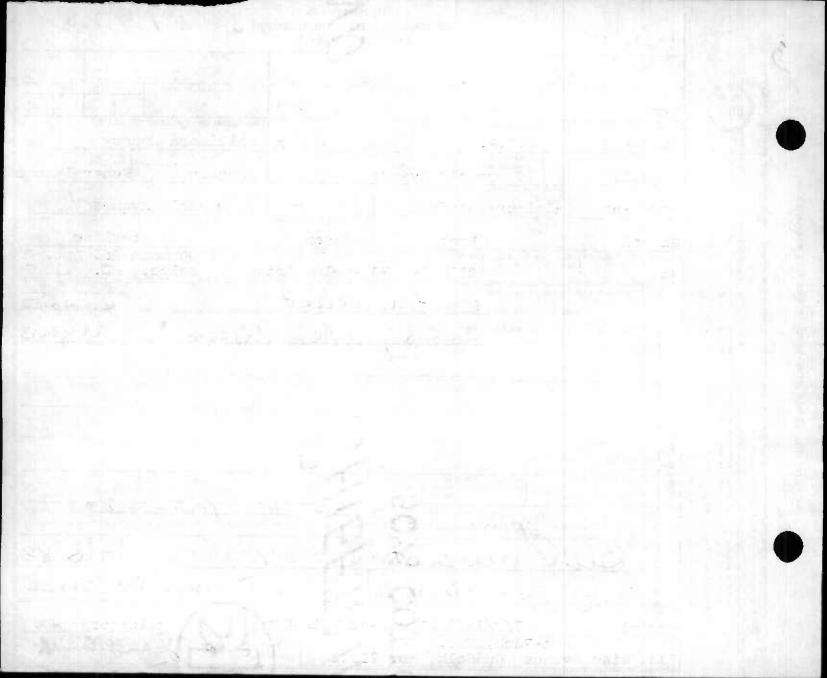
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushould be detacked far use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremotion, ar removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGICHE

		REGISTRAR		CEKTIF	ICATE OF D	EAIR	REG. NO	0.			
		CEASED NAME FIRST	WIDDLE	L	AST		20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR	
1000	(ITPE	CORPRINT)	ian E.	Dot	ter			7 5	83	м	
	3 SE	X	4. RACE	5. DATE C		2512	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	Fe	male	White	7	5	1897	86	YRS.	ONTHS DATS	HOURS MIN.	
25	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8.	D NEVER A	AADDIED []	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
9		ryland	U.S.A.	WIDOWE		ORCED 🔀	Baltimore County MD.			MD.	
20		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE) 78 Dundalk A	ET ADDRESS)		ITUTION	12d USUAL OCCUPATION 12b. KIND OF BUSINESS OR 17bc of work for most of working life) INDUSTRY Funeral Hom				
36	13a. S	STATE 13b COL	or other institution give residence before the control of to the control of the c	WN	13d. INSIDE C	ITY LIMITS?	13. STREET ADDRESS 78 Dunda	ılk Ay	zenue	21222	
3	_	ATHER'S NAME FIRST Muel	Pugh			MAIDEN NAM FIRST AN	WIDDIE		erlin		
1			ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 215-40		Theli	ma Ama	2905 ^Dt nn Ba	inmore	MD.	Apt. D 21222	
9	CERTIFICATION	couse Io1, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OR AS A CONSEO (c) T CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE	<u>DEATH</u> BUT			INAL DISEASE OR CON	20b. IF YES,	WERE FINDING CAUSES	NGS USED	
9	MEDICAL CERT	sow the deceased alive obove, (1) (we) (did) (did) 22h. SIGNATURE	21e PLACE OF INJURY (A1 HOME, STREET, FACTORY, OFFICE potal) attended the deceased from the place of the plac	E, FARM, ETC.)	211. LOCATION STREET AND THE STREET	TENDING	YES NO ED (ENTER NATURE OF INJUI	wn, 1 ofte and hour	COUNTY		
	20.	22d PHYSICIAN'S NAME (14P)	Soucod,	D.	22e ADDRES	900	DUNR	AN R	D 7	-1222	
		BURIAL, CREMATION, REMOVA ISPECIFY) I PIA 1			emetery or o		23d LOCATION CITY OR TOWN	Balt	imore	STATE MD.	
12	24 F		a-Ruck, Inc		1222		RECIDIBY REGISTRAR				

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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	1	7	3	9	9
NO					

REGISTRAR			CERTIFICATI	OF DEATH	REG.	NO.		
T. DECEASED HAME FIRST	MI	DDLE	LAST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
A STATE OF THE PARTY OF THE PAR	ctor	T.	Drecch	nio . Sr.	July 17	. 1983		7:20m
1. SEX	4. RACE		5. DATE OF BIRTI		6. AGE (IN YEARS LAST I		FUNDER TYEAR	IF UNDER 24 HRS
Male	Wh	ite		23 1923	60	YRS.	JAN	
76. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		MARRIED A	DIVORCED	9. BALTIMORE CITY Baltim			MD
0. CITY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET AD JOSEPH H	DRESS)	ER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS' Bricklay	TION OF WORKING LIFE	12b. KIND O	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION G	IVE RESIDENCE BEFORE A					DULL	11112
	ltimore	13c. CITY OR TOWN	YES	based Color	1267 Dea		load 2	1239
Nicholas	MIDDLE Dre	cchio	15. MC	THER'S MAIDEN NA	AME		LAST	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	213-18-0		Frances Dr		same		
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	. //	ICE OF	OF L	IUGR	NDITION GIVE	N IN PART ITO	
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OR CONTRIBUTING CAUSE OF UP EITHER NOTIFY MEDICAL EXAMI 71d . IN JURY OCCURRED NOT WHILE AT WORK	DEATH HOUR A.M. NER) P.M. 21e. PLACE O (AT HOME STREE	I. MONTH DAY I. IF INJURY ET, FACTORY, OFFICE, FAR	YEAR 19 211. L	OCATION STREET	RED (ENTER MATURE OF IN	JURY IN ITEM 18 PA	COUNTY	STATE
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22d. PHYSICIAN'S NAME (TY			22e /	ADDRESS				
Ebrahim		M.D.	İŞt	Joseph	Prof. B		uite	213
230. BURIAL, CREMATION, REMOV	7-21-19	983 Hol	WE OF CEMETE	THE PE	Baltime	204 ore. Co	COUNTY	Md.

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physicion injury, or other troumotic event,

with the State Dept. or included or frem 18 shows ony

24. FUNERAL DIRECTOR Leonard J. Ruck, Inc Baltimore, Md. (VRA 15, 4)

Baltimore, Co. JUL 19183 John Schule

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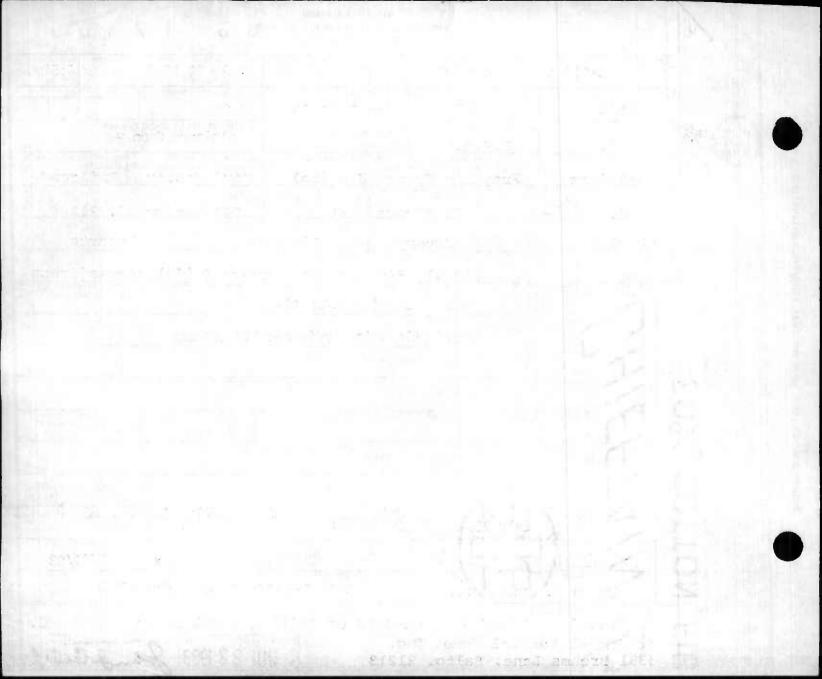
STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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3			0	U	U
DEC	NO.				

	REOBIRAN				REG. NO.		
	CEASED NAME FIRST	Merritt	DRU	ERY	July 21,198		4:54am
3. SEX	MALE	4. RACE WHITE	5. DATE (7 18 ⁰ 1917	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAT	
	RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	U.S.A.	WIDOWE		Baltimore C	ounty	MD.
1	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET PRANKLIN SQ1	address)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Yard Maste	LING LIFE) INDUSTR	of BUSINESS OR Iroad
13a S	L RESIDENCE (IF NURSING NOME TATE MA THER'S NAME FREST Charles	MIDDLE INSTITUTION GIVE RESIDENCE BEFOR ITY 13c CITY OR TOW Baltin B	more	13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAME FREST Florer	nce	w Rd. 2 Rober	AST
	(IF YES G	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 213-01-		Eva May Dr	address cuery (wife)	same a	ddress
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION	DUE TO, OR AS A CONSEOU (b) Arteriosc DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION 1700 AUTOPSY? 1206.	N GIVEN IN PART IF YES, WERE FING ERTIFYING CAUSI	DINGS USED
	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CONTRIBUTING CAUSE OF DE		AY YEAR		YES X NO RED (ENTER NATURE OF INJURY IN ITE	YES TO PART 2	ио 🗍
MEDICA!	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE I	ARM, ETC)	211 LOCATION STREET	CITY OR FOWN	COUNTY	STATE
	saw the deceased alive a above, of the least	OF PRINT!		nd that in Xny) (aur) opinion of DEGREE ATTENDING PHYSICIAN 220 ADDRESS		d hour and I rom th	3 that ** (we) last the causes stated re SIGNED 21/83
23a. B	Lester H. URIAL, CREMATION, REMOVA SPECIFY Burial			EMETERY OR CREMATORY AS OF Faith	in Square Driv		Mď⁴.
24 FU	Schlimmek Fu	ineral Home In	nc.	25a DAT	E REC'D. BY REGISTRAR 29 UL 2 2 1983	bang	Coming

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician



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FOR - STATE

TYES, NO OR UNKNOWN)

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying couse lost

LIF EITHER, NOTIFY MEDICAL EXAMINERS

NOT WHILE

AT WORK

Rainer Enge

21d. INJURY OCCURRED

WHILE AT WORK STATE OF MARYLAND

MD

12h KIND OF BUSINESS OR

INDUSTRY

Daneker

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DEP	CERTIFICATE OF DEATH	D r	3	REG.	NO.	/	Q	0	1	
WIDDLE	LAST	2n	DATE OF	DEATH	MONTH		PAY	YEAR	26 HO	U
FLORENCE	DURHAM				7	8		83		
	S DATE OF BIPTH	L A	GE LINYE	ARS LAST B	RTHDAY)		IF UNDE	RIYEAR	IF UND	R ?

REGISTRAR DECEASED NAME LTYPE OR PRINTS CAROLYN 4 RACI 4 HRS 3 SEX OAYS HOURS. MIN 11 --- 1°7 --- 0°3 White Female. BALTIMORE CITY OR COUNTY OF DEATH

YES [

TR BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Maryland MARRIED NEVER MARRIED U.S.A. Baltimore County WIDOWED DIVORCED 12e USUAL OCCUPATION

IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1000 E. Joppa Road 21204 Towson

USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN

Baltimore Maryland Towson IL FATHER'S NAME

MIDDLE Robert James Byus 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO I (# YES, GIVE WAR OR DATES) 215-24-6085D

17 INFORMANT

Carrie

· FIRST

134. INSIDE CITY LIMITS?

NO A 15 MOTHER'S MAIDEN NAME

ADDRESS Mr. David W. Robertson 817 Jamieson Rd 21093

ITYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

13. STREET ADDRESS 1000 E. Joppa Rd 21204

Homemaker

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21R PLACE OF INJURY

MONTH DAY PM

211 LOCATION STREET

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART | OR PART 2)

YES T

COUNTY CITY OF TOWN STATE

20h. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO I

22a | certify that (1) (this haspital) attended the deceased from saw_the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the body ofter death 77h SIGNATIA DEGREE 22c DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY

GovansPresbyterianCh.

PHYSICIAN DIRECTOR PHYSICIAN 22R ADDRESS 26 PHYSICIAN'S NAME (TYPE OF PRINT)

XX 201 E. 33rd St.

ATTENDING

23d. LOCATION CITY OR TOWN Baltimore 25R. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S

STAFF

20a AUTOPSY?

NOT

COUNTY

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

DHMH-16 25M (VRA 15, 4) 1/79

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(SPECIFY) Burial

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236. DATE

7-11-83

Mitchell-Wiedefeld Home 6500 York Rd 21212

MEDICAL

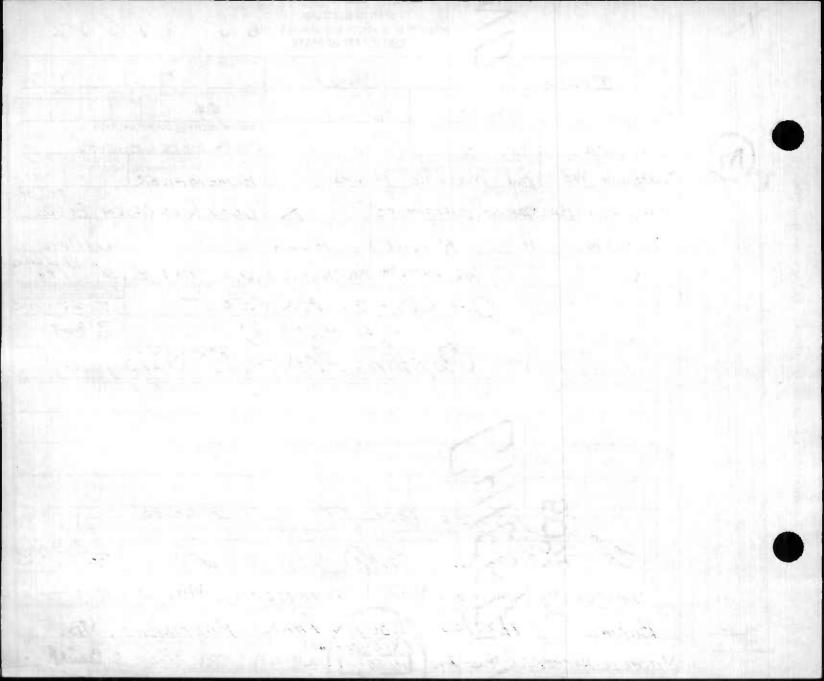
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and testhold be detached for use as the burial-transit permit. Then please remove carbon paper. Page with the State Dept. of Health and Mental Hygiene prior to burial cermonian, as removal IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be-retained by the hospital or attending physician.

	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IE ® 3	176	0	2
	(TYPE	CEASED NAME FIRST OR PRINT) TO NE.	WIDOLE	LAS D	iusch	II. DAIL OF DEATH	MONTH DAY	83 1	755PM UNDER 24 HRS
10.2	3. SE)	imale	4. RACE White The CITIZEN OF WHAT COUNTRY?	5. DATE OF	SS 1889	6. AGE (IN YEARS LAST BIR) 9 # 9 BALTIMORE CITY O	YRS	DAYS HO	DURS MIN.
Ĺ	W.	Jaryland	11. NAME OF HOSPITAL, NURSIN	WIDOWED		Baltino	ra Cou	nty	MD.
1	C60	Kepsville , md	(IF NOT IN SUCH FACILITY, GIVE STREET Masowic OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADDRESS) Ho	mes	HOMEMA			17730
2	13a. S	STATE 136 COUN	TIMORE BALTI	YORE	3d. INSIDE CITY LIMITS? YES NO NO S. MOTHER'S MAIDEN NA/		CHRAUE	N BO	100,
0		William	H. Roes	Sel	ANNA	MIDDLE		Dill	ler
1		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 212_28	RITY NO.	Mrs Christine A	Richter Ro	1 Box.	58	Rod becks
		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b) or OBY: E CAUSE (o) DUE TO, OR AS A CONSEOU (b) DUE TO, OR (S A CONSEQUE)	DIA CENCE OF	C. APA17	DEST DERMIA	DY-CARDIN	APPROXIMATE TO A STATE OF THE A	2 - 53
	TION		onditions <u>contributing to</u>				DITION GIVEN IN		11550
7	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH			200 AUTOPSY? YES NO	IN CERTIFYING YES	CAUSES OF	DEATH?
~	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I O	RPART 2)	
	MED	WHILE AT WORK AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TO		YINUC	STATE
		saw the deceased alive on abave, (I) (44 a)	ol) attended the decased from a	, and	that in (my) (our) opinion	death occurred on the de	ote and havr and	from the cau	
		22h. SIGNATURE	Rayell	M	-	MEDICAL STAL	F	7/25	5/93
		WALTER E.	KARFGM, M	.D,	COCKEYSU		, 210.	30	
		BURIAL CREMATION, REMOVAL	7/27/83 23c.	LOU	DON PARK	23d LOCATION COMPRTOWN	MORE	MP	STATE
	M	UNERAL DIRECTOR NAME NTCHFIL-WIEDEL	SELD HIME JINC.	(2500) BAY TO	10KK RD 250 DAT	O 1 1983	REGISTRAR'S	L Com	ul

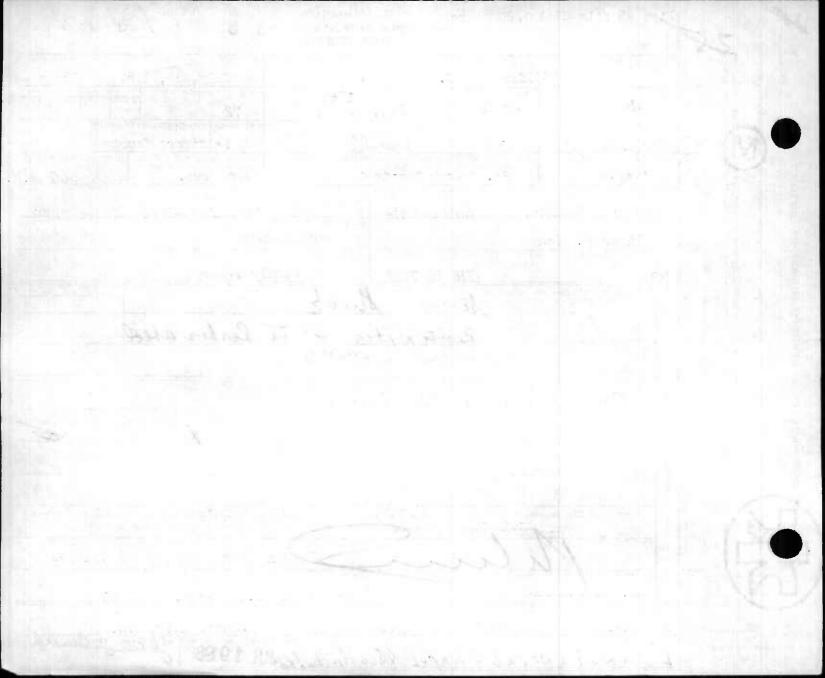
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aff	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the interpretation of the complete of the control of the co
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		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
Secution	(TYP)	OR PRINT) Wi:	lliam J.	Eck	July 16, 1983	1:10a м
ors where		Male	NACE White	Jan. 1, 1911	6. AGE (IN YEARS LAST BIRTHDAY) IF UN MONT	HOURS HOURS MIN.
of once.	V	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County OF Baltimore County Baltimore	
P (Akie	10. C	TOWS ON	1). NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET St. Joseph H	NG HOME OR OTHER INSTITUTION ADDRESS) OSPITAL	LTYPE OF WORK FOR MOST OF WORKING LIFE)	26. KIND OF BUSINESS OR NOUSTRY
onld be	13a. 3	ALRESIDENCE IF NURSING HOME OR THE COUNTY COUNTY Balt		N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS 2102 Chapelwood	Count 21002
ond 2 sh		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA MAIRY POP	WE	LAST
Poges			E WAR OR DATES)		ADDRESS	
emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per lige for (a), (b), and D BY:	Shoek		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nove corbo otion, or re troumotic e		ST679 Conditions, if only, which	DUE TO, OR AS A CONSEQUE	ENCE OF 115 20 TO	Perfor steel	
other		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	11120116	V	
to buriol injury, or	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN I	N PART 110
ows ony	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WI IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH?
18 ch		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	AY YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
tem		21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ss the buriol-trons hond Mentol Hyg rked or Item 18 sh	MEDICAL	WHILE AT WORK AT WORK		Market and the second second		
for use os the buriol-to the Mentol 21 is morked or them	MED	22a. I certify that (™this hospi	tal) attended the deceased from		to	
toched for use as the le Dept. of Health and le Hem 21 is marked a	MED			83 , and that in (xw) (our) opinion		83., that (K(we) lost of from the causes stated 22c. DATE SIGNED 7/16/83
ched for use as the lept. of Health and lem 21 is marked a	MED	220.1 certify that (IX) this hospin sow the deceased alive an above, (I) (we) (did) (did)	July 16 view the body after death.	DEGREE ATTENDING X	death occurred on the date and hour one	22c. DATE SIGNED 7/16/83



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OR ATTENDING PHYSICIAN: The low

page 3 er death

lled in by the funeral director. p

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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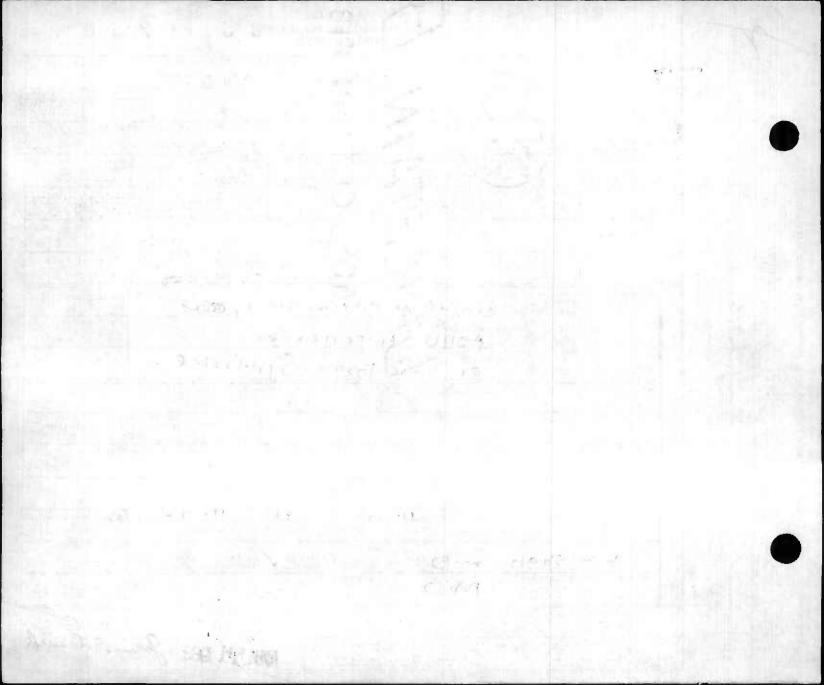
FOR STATE REGISTRAR			DEPARTA		EALTH AND N		IEB 3		1 7	6 1) 4	
1 DECEASED NAME	FIRST		MIDDLE		AST		2n DATE O	REG. NO	D. MONTH	DAY YEAR	12b HO	LIP
(TYPE OR PRINT)					7						20 110	OK
3 SEX	Beatri			-	enhauer		6 AGE IN	8, 1				M
3 SEX		4 RACE		5 DATE (YEAR	AGE IN	YEARS LAST BIR	(HDAY)	MONTHS DAYS		R 24 HRS MIN.
Female		White		04	04	06	77		YRS			
BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED -	9 BALTIMO	ORE CITY O	R COUNT	Y OF DEATH		
New York S		U. S.		WIDOWE	DD DN	ORCED M	Balti	more	Count	ty.		MD.
O CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INST	TUTION		OCCUPATE		12b. KIND		ESS OR
Randallsto		Chapel	Hill Con	vales	cent Ce	nter		emaker		INDUSTRY		
Mary land	Cit	VIY	Baltimos	ADMISSION)	123	NO 🗌	Char			estmins er St.	ter	Home 20/
14 FATHER'S NAME David		MIDDLE	Klamfês		is mother's	IRST	WE	MIDDLE	Culle		\ST	
160 WAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMAL	Mr. 1	Dougla	ADDRE	SS En	senhaue	er	
No		-	220-09-0	263 A	19 Nor	thwood			um. M	ld. 210.	93	
	immediate ating the ouse last	due TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E	NCE OF	Brain Brain		nin Ninal Diseas			VEN IN PART I	(0)	
190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTO	OPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES		TH?
OR CONTERNATION !	CAUSE OF DE			Y YEAR	21c HOW INJ	URY OCCURR	RED (ENTERN	ATURE OF INJUR	IN ITEM 18	PART I OR PART 2)		
(IF EITHER NOTIFY A 21d INJURY OCC WHILE NO AT WORK AT	T WHILE WORK	21e PLACE JAT HOME, ST	OF INJURY REET FACTORY OFFICE, F.	ARM ETC)	211 LOCATIO STREET	N		CITY OR TO	WN	COUNTY		STATE
sow the decipobave, (1) (we		tal) attended th	e deceased from		nd that in (my) (our) apinion d	, to	ed on the do	te and hou		that (1) (e couses st	
	m-5h		m.D.		Р	ITENDING Y	MEDICAL DIRECTOR	STAF	F IAN 🗌	7/8	83	1
Dr. Ro	omesh S		M·D		5310	Old Co	urt Ro	l. #2	01	Rand	allsi	town
230 BURIAL, CREMATIC (SPECIFY) Burio	al	7-11-8	3 Dr	uid A	EMETERY OR C	metery		SVITI		ltimore		
24 FUNERAL DIRECTOR 8728 Liber							ML 19	1 983	25b. RH 6/	THORSE SO	i list	ulf

DHMH - 16 50M 1/81 (VRA 15, 4)

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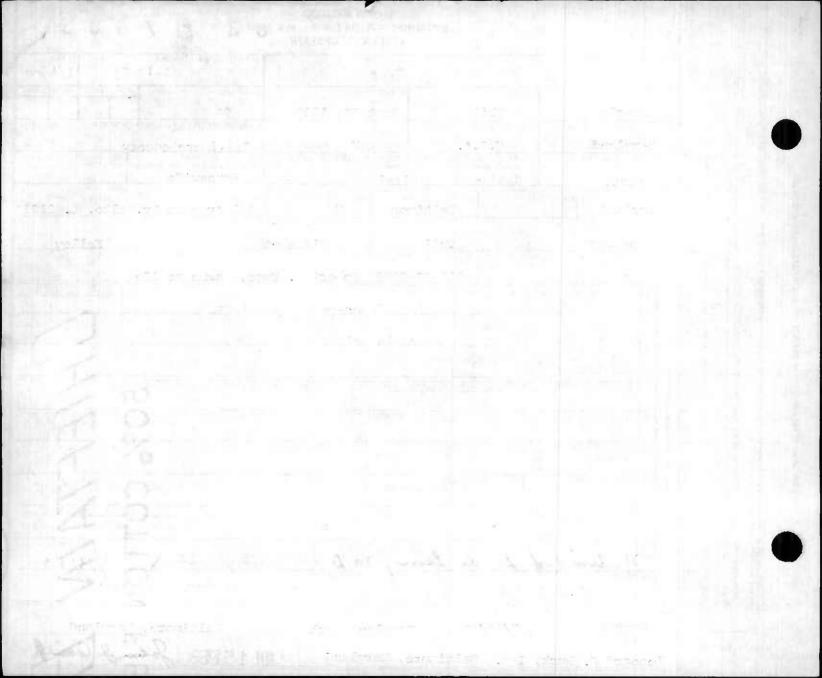
TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbompapers, Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item



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	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pa e haspital or attending physicion.
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	OR ATTENDING PHYSICIAN: The hospital or attending physician.
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	1.	FOR STATE REGISTRAR		DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO	5	
		CEASED NAME FIRST OR PRINT) Ma	e J	Emge	LAST	20. DATE OF DEATH	7-13-83	26 HOUR 1:46pm
	3. SE		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HR
-		Female	White	Sep	t 30, 1892	90	YRS	NOURS MIN
8 2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	LINTRY?	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH	1
1	2	Maryland	U.S.A.	WIDOW	ED DIVORCED	Baltimore	county	Λ
55	10 C	TOWSON OF DEATH	11. NAME OF HOSPITAL (# NOT IN SUCH FACILITY, C		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewif	WORKING LIFE) INDUST	D OF BUSINESS C
2	USU.	AL RESIDENCE (IF NURSING HOME STATE TO CO	OR OTHER INSTITUTION GIVE RESIDE UNITY 13t. CITY	OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
		aryland	Ba	altimore	YES 🔀 NO	941 Argonn	e Dr.Balto	.MD. 212
n	14. F/	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WIDDLE		LAST
V		Unknown		ully	Elizabet	th ADDRE		elley
2		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	IAL SECURITY NO.	17. INFORMANT	ADDRE	33	
1		No	21'	7-03-9899	Robert A. Er	mge, same a		POXIMATE INTERVAL
	CERTIFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 199 DATE OF OPERATION		ING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PAR	
1	TIFIC	DATE OF GREATION	7,3. 63.63.1.3.7.63			YES NO	IN CERTIFYING CAU	SES OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MOI NER) P.M.	NTH DAY YEAR		RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJUR LAT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOV	vn COUNTY	STATE
W 21 12 W		22a.1 certify that (1/2) (this has sow the deceased alive above, (1/2) (we) (did) (1/2)	spitol) ottended the decease on 7-13 (Mt) view the bady after dea	19 83	and that in (mX) (our) opinion			
Z		22b. SIGNATURE Matinida 22d. PHYSICIAN'S NAME (TY)	of D. de.	Lem,	M.D. ATTENDING PHYSICIAN [MEDICAL STAF	F La lal	13/83
MPORTAN			D. DeLeon, M.	. D.		K ROAD TOWSO	N MD 21204	-
5		BURIAL, CREMATION, REMOV (SPECHY) Burial			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	and
/82		UNERAL DIRECTOR NAME Leonard J. Ruc	7/16/83	ADDRESS		TE REC'D. BY REGISTRAR	ore, Maryl	
	1	eonard J. Ruc	K, Inc. Barc	Imore, na	Lylara	01 10 300		



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY TENE	9

17006

1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY	REG. NO) 0 0	, 0
	CEASED NAME PRIST DOROT	THY C.	E NS OR	26. DATE OF DEATH	7 19 18	20 11001
3. SE	FEMALE	I. RACE	5. DATE OF BIRTH 2 PAR 2	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YI MONTHS DA	
1	MARYLAND	6. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF BALT I MOR		1
I	OWSON	GBMC-6701 GIVEN.		128 USUAL OCCUPATION OF SELF - EMPLO	WORKING LIFE) INDUST	DOFBUSINESS OF CAR
136.	AL RESIDENCE (* NURS 1 DIME ON COUN' STATE IARYLAND		N 13d. INSIDE CITY LIMITS? YES X NO		LCREST	2123 AVE,
K	ROLAND	FUHRE	- 111-	MIDDLE 7		LVEY
160° V	WAS DECEASED EVER IN U.S. ARA		3850 JOHN H. E.	USUR, SR,	HILLCRE	ST AVE
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE				
	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	(c)	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	PITION GIVEN IN PAR	Tla
IFICATION	underlying couse lost.	(c)	OPERATION WAS PERFORMED	20a AUTÓPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED SES OF DEATH?
CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	(c) DNDITIONS CONTRIBUTING TO E 196. CONDITION FOR WHICH 216. TIME OF INJURY	OPERATION WAS PERFORMED	200 AUTÓPSY? YES NO[X	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEATH? NO [
MEDICAL CERTIFICATION	Underlying couse lost. PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	(c) DNDITIONS CONTRIBUTING TO E 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211. LOCATION STREET	200 AUTÓPSY? YES NO[X	20b. IF YES, WERE FIN IN CERTIFYING CAU YES YEN ITEM 18. PART I OR PART	NDINGS USED SES OF DEATH? NO
	Underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE ALL WORK	(c)	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21l. LOCATION STREET 6-23 3, 19 3, and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO[X RED (ENTER NATURE OF INJUR CITY OF TOV	20b. IF YES, WERE FIN IN CERTIFYING CAU YES YES (COUNTY) YOUR COUNTY 1983 te ond hour and from 127c. Dr	NDINGS USED SES OF DEATH? NO 21 STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and ca should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MILLER

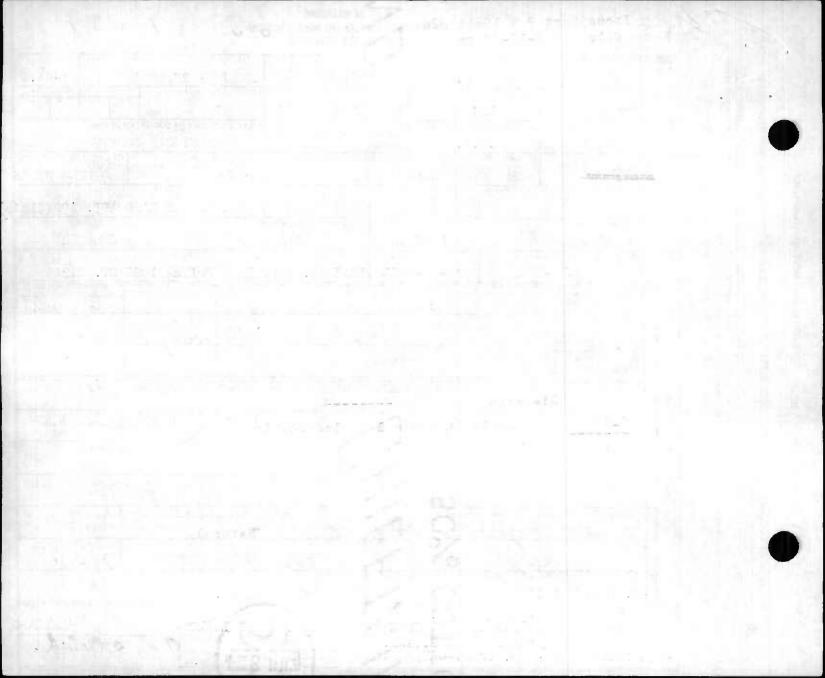
7527 HARFORD

RD.

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

TAMES AND AND AND THE STATE OF A PARTY OF A 6-1--34 TE WELVE I LUCESTED IT. The second series and the second seco

		CEASED NAME FIRST	2 & 19a&b 66744 -17-83 cn		AST	20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
	(ILVE)	OR PRINTS MYER	D.	F	EPSTEIN	JULY 20,1983	5:46A.
S	II SE	The second secon	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS
T	1	MALE	WHITE		EMBEŘ 8,1895	87 YRS.	
		RTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76 CITIZEN OF WHAT COUNTR U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED XX	BALTIMORE CITY OR COUNTY OF	
N	10. C	PAUT IMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI OLD COURT NUR	SING HO		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OWNER	126. KIND OF BUSINESS OF INDUSTRY CLOTHING STOP
35	13a M/	AL RESIDENCE (IF NURSING HOME OR ITATE 130 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF ITY BALT IM	OWN		130. STREET ADDRESS 4001 CLARKS LAN	E APT. 109(21
300) [4, F/	SAMUEL		TEIN	15. MOTHER'S MAIDEN NAM PIRST DENA	WIDDLE	CHESLER
2	160.	VAS DECEASED EVER IN U.S. ARI (LE YES GIV) ES WWI-A	MED FORCES? 166 SOCIAL SE 214-22		IRWIN B. EPST	ADDRESS 'EIN 1 WHITEBRIDGI	E CT. 21208
ury, or ather troumatic e	Z	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost		QUENCE OF	NOT RELATED TO THE TERM	(STOWS) NAL DISEASE OR CONDITION GIVE	le vondi
any injury, o	CERTIFICATION	196 DATE OF OPERATION	obetes On Condition for white Cholelithis	CH OPERATIO	N WAS PERFORMED Choledochiti		WERE FINDINGS USED ING CAUSES OF DEATH?
1	43	210. ACCIDENTWAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)
9	N N	ALL BUILDY OCCUPATE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		21f. LOCATION	CITY OR TOWN	COUNTY STATE
rked or them 18 stranger	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E, FARM ETC)	SIREET		
em 21 is morked or them 18 singuis	MEDICAL	WHILE AT WORK 270.1 certify that (1) (this hospit sow the deceased alive on above, (1) (ve) (did) (did not be above).	rol) ottended the deceased from	m ar	19 62	to	ond from the causes stoted
If Item 21 is morked or Item	MEDICAL	WHILE AT WORK 22e.1 certify that (I) (this hospit sow the deceosed alive on above; (I) (ive) (did) (pid not 22b. SIGNATURE	ol) ottended the deceased from	m ar	nd that in (my) (bur) apinion of DEGREE ATTENDING PHYSICIAN	eath occurred on the dote and hour	and from the causes stated
Hem 21 is morked ar Hem		WHILE AT WORK 270.1 certify that (1) (this hospit sow the deceased alive on above, (1) (ve) (did) (did not be above).	ol) ottended the deceased from 19	n	nd that in (my) bur) opinion d	MEDICAL STAFF DIRECTOR PHYSICIAN	and from the causes stated



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME FIRST MIDDLE 2b. HOUR (TYPE OR PRINT) LEONA STE -9-3. SEX 4 RACE DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 66 emale 08 25 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN MARRIED NEVER MARRIED irginia DIVORCED WIDOWED ID. CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INQUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTO COUNTY GEN Retired 13e STREET ADDRESS 2601 GRE NO D FO 15. MOTHER'S MAIDEN NAME IN FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED PORCES? (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.

23b. DATE

238. BURIAL, CREMATION, REMOVAL

ONTRIBUTING TO DEATH BUT

198 DATE OF OPERATIO	N 198. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		N CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \)
210. ACCIDENT WAS UNDERLOOPED OR CONTRIBUTING CAU	SE OF DEATH HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	N ITEM 18 PART 1 OR PART 2}
21d INJURY OCCURRED	LAT HOME STREET FACTORY OFFICE FARM ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased	is hospitally attended the discosed from 19 (did not) visy the books after death		n death occurred on the diffe	and hour and from the couses stated
Ramon	S. Vamentell	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED
ME YSICIAN'S NAM		220. ADDRESS	10 M.TU	DOLD BACTO

23¢ NAME OF CEMETERY OR CREMATORY

23d. LOCATION

BY REGISTRAR 256 REGISTRAR'S

DHMH - 16 50M 4/B2

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and Mental Hygiene prior to After this certificate hos been

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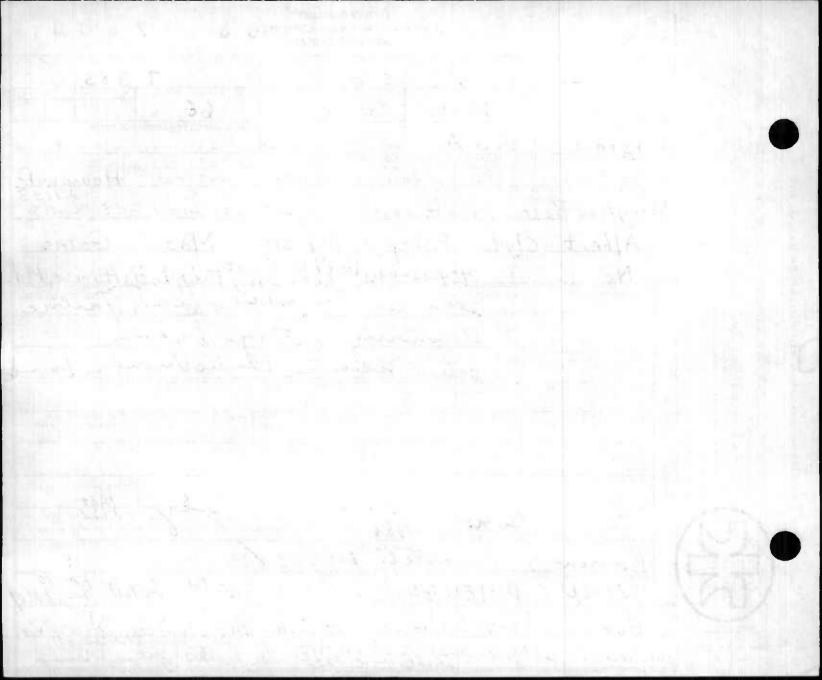
TO FUNERAL DIRECTOR: After should be detached far use os with the State Dept. of Health IMPORTANT: If Item 21 is

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(VRA 15, 4)



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120	+
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours with retained by the hospital or offending physician.

	1	#583 mtb 9	, - 1, 0,	7 00		SIAI	E OF MARYLAND BEALTH AND MENTAL HYG	icale "2	1 "7	4 0	0
/	1	STATE REGISTRAR			DEFARIT		ICATE OF DEATH	REG. N	0.	0 0	7
1		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
			Jan		FT7FI				1983		12 · 50a ^
	3. SE	x		4. RACE		5. DATE C		6. AGE (THYEARS LAST BIR		UNDER 1 YEAR	HOURS MIN.
		Male		Cau		9	26 02	80	YRS.		
25		RTHPLACE (STATE OF		76. CITIZEN O	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY C	OF DEATH	
NO.	-	Well Mo I		11 NAME OF	U.S.A.	WIDOWE	DROTHER INSTITUTION	Baltimo	re Cour	ty	MI MI
7	-		AIR	(IF NOT IN SI	CH FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	BUSINESS OR
10		ALRESIDENCE (IF NU	SING HOME OR	F'rai	nklin Sq	uare	Hosp.	Jeweler		Jenk	ıns
5	130.	STATE	136 COUN	TY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS		7 7	034
_	14. F	Md .	Bal	to.	Balt	0.	YES NO W	4519 Sp			e. 212
2/	1	FIRST		F.	LAS?		FIRST	MODIE	Comeau	21141	
11		Villiam VAS DECEASED EVE			Etze		Mary 17 INFORMANT	ADDR	ESS	Ceam	U ₀
1		no or unknown)		WAR OR DATES)	213-09-			+201 4510	Sprin	500wp	Δ 57.0
	-				er line for (o), (b), one		Toames W. E	CZ61 4319	PATI		ATE INTERVAL
		PART I. DEATH	WAS CAUSE	BY:		0.10				BETWEEN OF	SEI AND DEATH
	2	11010	IMMEDIAT	E CAUSE (o)_	Pneu	monia					
		4000		DUE TO,	OR AS A CONSEQUE	NCE OF				1 199	
		Conditions, if one	y, which	(b)_							
		cause (o), stot	ing the	DUE TO,	OR AS A CONSEQUE	NCE OF					
				((c)_						1	
	N	PART 2. OTHER SIG	INIFICANT C	ONDITIONS	CONTRIBUTING TO (DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	N IN PART 1:0	
K	CERTIFICATION	19a DATE OF OPER	ATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	SS USED
1	I H							YES NO NO	IN CERTIFY!	NG CAUSES C	OF DEATH?
n	CER	21a. ACCIDENT WAS UP			OF INJURY	W W= 1-	21c HOW INJURY OCCUR	to the second se		T 1 OR PART 2)	
7	¥	OR CONTRIBUTING		IN .	A.M. MONTH DA	YEAR	The state of the s				
	MEDICAL	21d. INJURY OCCU		21e PLACI	OF INJURY		21f LOCATION	CITY OF TO		COUNTY	STATE
	Z	WHILE NOT W	ORK	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC)	STREE!	CITYONIC	14414	COONIT	SIMIE
				al) ottended t	he deceosed from_	July	18 19.83			83, th	of K (we) lost
		sow the deceo	sed olive on	July 2	3 19_		nd that in (176) (bur) opinion	deoth occurred on the d	ote and hour o	and from the co	ouses stated
		226. SIGNATURE	/	View the boo	/ W		DEGREE			22c. DATES	IGNED
		0	V an	ud H	: Durin	MI	ATTENDING PHYSICIAN	MEDICAL STA	FF	7/23	3/83
	1	22d. PHYSICIAN'S N	AME (TYPE OF	PRINT)			22e ADDRESS				1
			David	d H. Gi	nn, M.D.		9000 Frankli	n Square Dr	ive, 21	1237	
	23a. (SURIAL, CREMATION	, REMOVAL	236. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		Burial		7-26-	-83 Pa	rkwo	od Cem.	Balto.		COUNTY	Md
2	24. F	JNERAL DIRECTOR						E REC'D. BY REGISTRAR	256 REGISTRA	AR'S STEN STA	
	Jo	ohn C. M	iller	Tnc	6415 Be	lair	Rd III	JL 251983	Com	~	
	-				O TTO DC	4-4-4-4	43/4 0				

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Ali	FOR STATE			EPARTMENT OF		D MENTAL H	The same of	1 7	6	1 0	
O .	REGISTRAR		MED	ICAL EXAMIN		IFICATE C		REG. NO.	_		
	ECEASED NAME	FIRST		WIDDLE	LAST			KNOWN KX	MONTH	DAY YEA	76 HOUR
ii .		Dennis		eroy	Eva			H MATED	7	16 19 8	
3. 50	EX 4. RA		ATE OF BIRTH	6 AGE (IN YE YEAR LAST BIRTHO		YR. IF UNDER	MIN PRONOL	JNCED	MONTH	DAT TE	28 HOUR 3:55
		hite 5	5 18	10 6	RS.		DEA		7	16 19 8	3 M
2//	BIRTHPLACE (STATE O		CITIZEN OF WH			NEVER MARR	IED X	MORE CITY OR			
	outh Carol		U.S.	Α.	WIDOWED [II2a USUAL OCC	Baltimor		26 KIND OF	MD
111	CITY OR TOWN OF D			ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS)	E, OR OTHER IN:	SHIUIION	FOR MOST OF W		F WORK	OR INDU	STRY
	Dundalk	N	orth Poi	nt Blvd & ERESIDENCE BEFORE ADMISS	Carroll	Rd.	Repair	man		Auto I	Body
13a.	STATE	COUNTY		13c. CITY OR TOWN	13d. II	NSIDE CITY LIMITS?	13e. STREET ADD		-	40	22
-	aryland	Baltimo	ore	Dundalk		NO NO		1 Yorkwa	Ly A	pt.D	
200	FATHER'S NAME	MID	DDLE	LAST	15 M	OTHER'S MAIDI	EN NAME	MIDDLE		LAST	
4	Samuel WAS DECEASED EVE	Ler		Evans	WALCO 17 IN	Peggy		ADDRESS		Cauthe	en
	(YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR C	OR DATES!							x181-	
1	Yes	Peacet		250-08-15	08 Pe	eggy C.	Evans	Lancas	ster,		
P		ATH (Enter only one WAS CAUSED BY:		or (a), (b), and (c).)						BETWEEN ON	NATE INTERVAL
N N	8122	IMMEDIATE CA	1035 (0)	raumatic i						-	
T. CREMATION, OR REMOVAL	Canditions, if	any which	DUE TO, OR	AS A CONSEQUENCE	OF						
S S	gave rise to	a immediate	(b)								
	couse (a) stati lying cause la		(c)	AS A CONSEQUENCE	OF						
z		ANT CONDITIONS CONTR	IBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVEN IN PA	RT 1 to				
# 1	19a. DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH OPE	RATION WAS PE	RFORMED?				20 AUTOP	SY?
E SE			HE SAN							YES X] NO []
CERTIFICATION	210 EXTERNAL CA		216. TIME OF		21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT 1 OR PART		
		OR CAUSE OF DEAT		7 16 19 8		er in mo	torcycle	/van imm	act		
MEDICAL	21d. INJURY OCCU	JRRED	21e PLACE O	FINJURY (AT HOME,	211 LOCATIO	N					STATE
2		WORK 🔀	STREET, FACTO	DRY, FARM, ETC		Point Bl	vd & Car		Bal	to.Co.	
1	22s. I certify the	of Landa Charges of	the remains died	ribe abave, held an	Autopsy				in my opir		
8	death resulted	m None	over [] [1 101-7	TFB.	Hamicide .	Undetermined i		, opii		
	1	111	1	W Ch.		THE (SPECIFY)	onderenmied (
	ACTUAL SIGNATURE	VUS	mac	BU WOW			i e fedical ex	AMINER	DATE	7/16	5/83
1	1	200		1	7		MEDICALEX	-VVIII VER	SIGNED	1	
1	EXAMINER'S NAM	The	omas D.	Smith, M.D	•ADDR	RESS	Penn St.	Balto	.,MD).	
23a.	BURIAL, CREMATION		ATE	23c NAME OF CE			23d LOCATION		COUNT	TY.	STATE
	Buria	1 7	-19-83	New Hop	e Cemete	ery	Lancas	ter. Lar			ith Car
24	FUNERAL DIRECTOR		ADDRESS				REC'D. BY REGISTI	RAR 256 REGIST	TRAR'S SK	GNATURE	
M		uneral Se		Reistersto	wn .Md.	10	1 8 BB	As de a	y all	y soll high sh	*

(VR A15 ME (5)) 20M 4/82

A STATE OF THE PARTY OF THE PAR ondiana vest service veril service veril Tower time time time to the court of the cou Cartes Palland des Cartes Canada automorphy and and an all an all and an all an all and an all an all and an all an all and an all an all and an all an all and an all and an all and an all an all and an all and an all an all an all and an all an all an all an all an all and an all an all and an all granterschild and branc Larger of the conmay be

death. Page

STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGINE 3

REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	0.		
I. DECEASED NAN	MARY		ESELY	EV	JANS	20. DATE OF DEATH	7/3	FJ	TA M
FEMAL	E	4 RACE WHI	TE	S. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
MARYLA		76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	BALTIMO	R COUNTY	UNTY,	MD.
Gtonsvil	OF DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESSI	OR OTHER INSTITUTION	120 USUAL OCCUPATI HOMEMAKEI	ON E WORKING LIFE		OF BUSINESS OR
ISUAL RESIDENC 130. STATE MARYLAN	N3P CON	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW HANOVE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔯	130. STREET ADDRESS 7200 FOR	210 REST A	76 VENUE	9
FATHER'S NAM	eph	MIDDLE	Vesel		ROSE	WIDDLE	es con	Krat	ina
160 WAS DECEAS 14ES NO OR UNKN		N/A	217.34	I	17 INFORMANT (dat Mrs. Virg:				IMATE INTERVAL ONSET AND DEATH
gave rise cause (a) underlying	if ony, which to immediate stating the couse last.	(b) DUE TO, O (c)		ENCE OF	I NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0.
190 DATE OF	OPERATION		ITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	NGS USED OF DEATH?		
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DI OTIFY MEDICAL EXAMIN	P PLACE		AY YEAR 19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		RT T OR PART 2)	STATÉ
220.1 certify	r that (1) (this haspe deceased alive a (1) (we) (did) (did nature)	n	122 19_	82.0	and that in (my) (our) opinion DEGREE	, to, death accurred on the d	ote and hour	ond from the	
22d PHYSIC	IAN'S NAME/TYPE	OR PRINT)	ele no		ATTENDING PHYSICIAN STATE ADDRESS G350 LG/A	MEDICAT STA		171.	(s.f.)
	NATION, REMOVA	15 JU			CEMETERY OF CREMATORY EST MEM. CEI	M. ANNAPOI	LIS, A	AcouAir	MD¹€

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and carridges should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 mins with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

injury, ar ather traumatic event, the

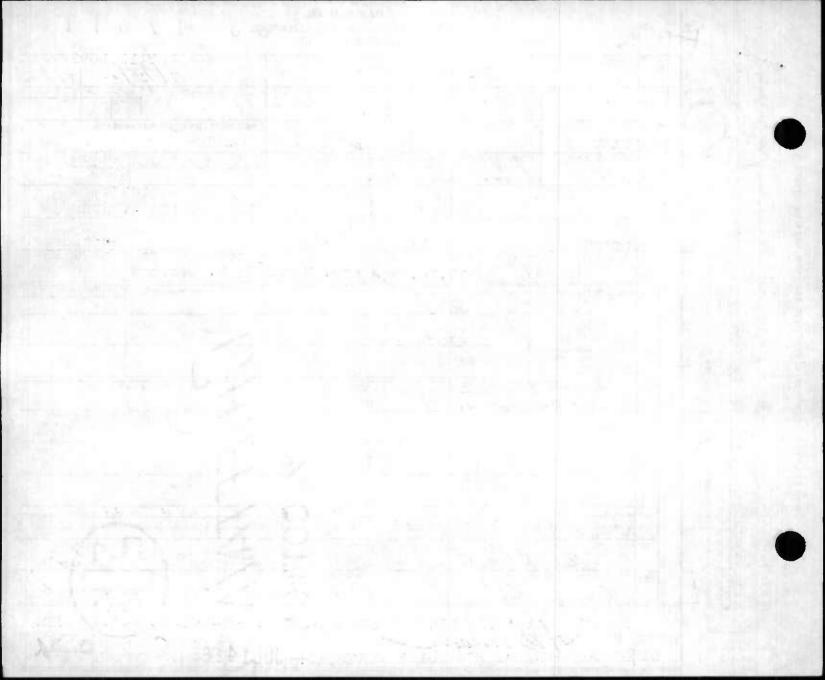
IMPORTANT: If them 21 is marked ar them 18 s.m.

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician

FUNERAL HOME GLEN BUN DE, MD

JUL 14 1983



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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/	6	5
		Gre Gre

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	5.		
DECEASED NAME FIRST	MIDDLE	t.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Ruth	Marv	FV.	ZNC	July 8	1983		5.25
I. SEX	4. RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR)		NDER I YEAR	IF UNDER 24 HRS
Female	White	Oc1		75	YRS.	MS DAYS	HOURS MIN.
BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8		9 BALTIMORE CITY O		DEATH	
Maryland	U.SA.	WIDOWE		Baltimore	County		M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON I		OF BUSINESS O
Rossville	Franklin Squ		sp.	Sales Lady		Dept.	. Store
SUAL RESIDENCE (IF NURSING HOME OF STATE 135 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BE INTY 13c CITY OR TO Baltin		13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 6412 Evera	all Ave.	al	206
FATHER'S NAME MAC	McDon	nald	Nellie	ME	Un	know	
WAS DECEASED EVER IN U.S. A		ECURITY NO.	17. INFORMANT	ADDRE	SS	-	
TYES, NO GOUNKNOWN) (IF YES, G	ive war OR Dates) 220-22	2-1818	Mary J. Byrr	nes 2425 E.	Northe	rn Pa	arkway
	DUE TO, OR AS A CONSE	OUENCE OF le Intra	a - Abdominal Se		DITION GIVEN I	IN PART 10	o o
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE			OR PART 2)	
WHILE NOT WHILE DAT WORK	AT HOME STREET FACTORY OFF	ICE, FARM ETC	STREET	CITY OF TO	WN	COUNTY	STATE
220.1 certify that \$6 (this has saw the deceased alive a	pital) attended the deceased from 141 8 11 11 11 11 11 11 11 11 11 11 11 11		5 , 19 83 and that in (MV) (our) opinion	to JUTY 8	ate and hour on		that K (we) lo
226. SIGNATURE	1- 6 bal			MEDICAL STAP		7-8	SIGNED
Labib A. L	_abib, M.D.		9000 Frank	lin Square	Drive 2	21237	
BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CIBATTIN	ore co	DUNTY	Md. STATE

Holy Redeemer

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

should be detached for use as with the State Dept of Mealth IMPORTANT: If Item 21 is mor TO FUNERAL DIRECTOR:

After this certificate has been signed by

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Md.

July 11,1987

JUL 8 1983 Same County

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AND AND DESCRIPTION OF THE PARTY OF THE PART	ment on the same of the	
AN Committee	July 11, to 17 Holy Hologory	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer

etained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fit should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical examples of the second of the

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STATE OF MAKTLAND	HEALTH AND MENTAL HYGIENE 3	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	3	
CERTIFICATE OF DEATH		DEG NO

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NO.				

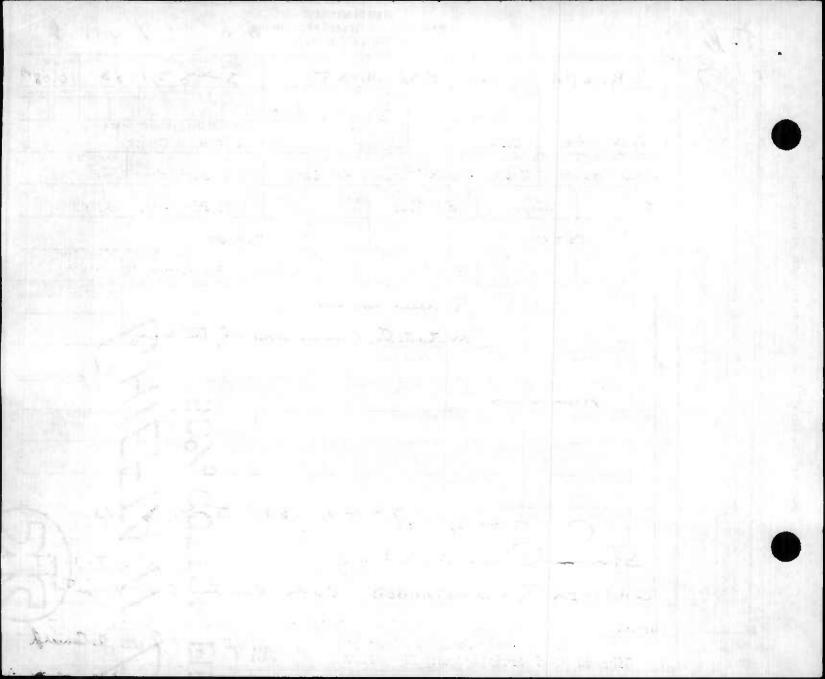
1.	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	REG. N	17	6 1	3
T/OE	CEASED NAME FIRST	MIDDLE		LAST	2g. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	EORPRINT) RALPH	M.	EVER	HART	2 mly	3,199	83	10:08 4
I. SE	X	4. RACE	S. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	male	white	monti Fel		71	YRS	THS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COLINTRY2 &		9 BALTIMORE CITY	1	DEATH	
No	rth Carolina	U.S.A.	MARRIE	D MEVER MARRIED DIVORCED D	Baltimore	County		MD
	ITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION I	126. KIND O	F BUSINESS OR
	Randallstown		ounty Genero	al Hospital	Ret. Beth	ilehem S	teel	
13a	AL RESIDENCE (IF NURSING HOME STATE 136 COU MD BA	DR OTHER INSTITUTION GIVE R INTY 136.	esidence before admission) CITY OR TOWN Lebbuille	136. INSIDE CITY LIMITS?	13. STREET ADDRESS 2204 Pine	: Ave.	2120	7
14. F/	ATHER'S NAME FIRST UNKNO	MIDDLE WN	LAST	15 MOTHER'S MAIDEN NA/ FIRST	ME Unknown		LAS	1
	WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS 2204	Pine	Ave.
	YES NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES) 2	17-05-6182	Elsie Everha	rt Baltin	nore, MD	212	207
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o1), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	DUE TO, OR AS	a Consequence of	NOT RELATED TO THE TERM		DITION GIVEN I	ERE FINDIN	NGS USED
E		Add 10.5 12			YES NO	YES [NO 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (1) FEITHER NOTIFY MEDICAL EXAMIN	EATH	URY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS RART !	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN	JURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	27a.1 certify that (1) (this has sow the defeased plive a above, (1) (we) (did) (did)		1 1/2	nd that in (my) (our) opinion i	death accurred on the d	3. 19_ ate and hour an	d from the	
	276. SIGNATURE	Down	tuled,	MATTENDING PHYSICIAN	MEDICAL STA		77-	J-83
	CHA33EM		STABBED	22e ADDRESS	County.	Gan. 1	Hori	J.A
22-				EMETERY OR CREMATORY	123d, LOCATION			
	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	7/6/83		of Faith Cem.	Overlea	Balt	O.	MDSTATE
24 F	UNERAL DIRECTOR Lori	na Buers Fr	meral Direc	stors 250. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR	'S SONAT	shall
	228 Tihantu Roa	0	WDDWESS	10000	OF 1 BR	6	0	

BP. DHMH - 16 50M 4/B2

Burial 7/6/83 Garden of F.

PA FUNERAL DIRECTOR Loring Byers Funeral Directors

8728 Liberty Road Randallstown, MD 21133 (VRA 15, 4)



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VISION OF VITAL RECORDS, 201 W. PRESTON St., BALLIMORE, MARTLAND A	ow requires that the death certificate be execute
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S	DR ATTENDING PHYSICIAN: The la hospital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages L and 2 should be detached for use os the burial-transit permit. Then please remove carbon papers of Health and Mental Hygiene prior to burial, cremation, or removal.

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

					STATE	OF MARYLAND					
	1.	FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IBE 3	1 /	5	9	
		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME		MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAY	YEAR 21	HOUR	
	(IANE	KENI	VETH		FARMER			JULY 13,1983 a			
	3. SE	X 422.	4. RACE	1	5. DATE C		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS	
		IVIALE	CAUC	ASIAN	6	27 27	56	YRS.		, MARI	
1/		RTHPLACE (STATE OR FOR	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	FDEATH	/	
O.	1	Missou		H.	WIDOWE		RALTIN	rokt !	COON	TY MD.	
2/1	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET		ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND OF B	JUSINESS OR	
27	N		WMBALTO		TY	GENERAL	Physicis	t	Gov'	t	
21	13o. S	AL RESIDENCE (IF NURSING	b. COUNTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
12		Md.		Balto.		YES NO	2603 Pu	rnell D	rive	21207	
E'M	14. 1-2	ATHER'S NAME	MIDDLE S.	-1200	-0	15. MOTHER'S MAIDEN NA	WIDDLE		LAST		
4/1	17. 1	JUSEPH		PITINI	ER	HLICE	ADDRI		Barnha	rt	
dico			IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT					
E		Yes	WWII	511-20-	7224	Mrs. Alice	B. Farmer	(Samo		TE INTERVAL SET AND DEATH	
otic event		PART I. DEATH WAS	MEDIATE CAUSE (a)	netaboli RASA CONSEQUE	ic-en	rephelopsat	hy.		6-26		
uno on		Conditions, if any, w	hich ((b)	accordo	Cion	v			Yea	ra	
other tr		gove rise to immed couse (a), stating underlying couse		R AS A CONSEQUE	ENCE OF				0		
injury, or	NOI	Ker	peratore	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 110		
You's only	CERTIFICATION	196 DATE OF OPERATIO	H CON	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING NG CAUSES OF	S USED F DEATH? NO	
58 G		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH HOUR A.		AY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2[
ed or h	MEDICAL	21d. INJURY OCCURRED	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
21 is mort		sow the deceased	nis hospital) attended the	-13. 19%	June 13. or	26 , 19 83 and that in (my) (000) apinion (todeath occurred on 10 d	13 . 19.		ot (II (we) last uses stated	
H Nem		22b. SIGNATURE	in Gold	stein		PHYSICIAN A	MEDICAL STA		July 1	3,198.	
MPORTANT		MARVIA	1 6060.	STEIN	MD	6001 PARK	HEIGHTS	S AVE	BAL	-TO., M	
		BURIAL, CREMATION, RE.			NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	c	OUNTY	STATE	
-	26.5	Removal	7/13,	/ 03	- 5	105- 0-49	BECID BY BECIEVE	261 DECICZE:	BIC ELON LACTOR		
/82	Z4. FI	UNERAL DIRECTOR NAME Ana	atomy Board	ADDRESS	Balto	., Md.	e rec'd. by registrar 1 8 1983	John	J. Col	inely	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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	REGISTRAR			LKIIII	CAIL OI DEATH	REG. No	D.			
	CEASED NAME MARG	ARET	FAR on Foote	MIĽ		20. DATE OF DEATH	7	23	83	10:30A
3. 5制		4 RACE	5.	DATE O		6. AGE (IN YEARS LAST BIR	[HDAY]	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.
1	emale	White	A	ugus	st 24. 1913	69	YRS.		DATS	NOORS MIN.
	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	AARRIED		BALTIMORE CITY O	E COUN	TY OF D	EATH	
M	aryland	USA	1	DOWE		BALTIMOT	(E C	OUN	1 1	MD.
TC	TY OR TOWN OF DEATH	GBMC	HOSPITAL, NURSING H	CHA	ROTHER INSTITUTION	128. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIFE	F WORKING	LIFE) IN	DUSTRY	emaker
USU,	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADM	AISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS				21030
		ltimore	Cockeysy		YES NO TO	604 Knoll	cres	t Ct	. A1	ot. C
14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM				LA	
	G .	Stanton	Foote		Edith	Verne			-	wson
16a V	VAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY	NO.	17. INFORMANT	ADDRE	55 Sar	n An		o, Texas
(,	NO THE TES.	GIVE WAR OR DATES)	217-07-30	43	Verne F. Ko	ch. 5202 Ti	mbe	r T	racc	e 78250
NOI	Conditions, if ony, which gove rise to immediate cause Io1, stating the underlying cause lost	(b) DUE TO, O	R AS A CONSEQUENC METASTS R AS A CONSEQUENC ONTRIBUTING TO DEA	TIC			DITION G	GIVEN IN	PART 1	
CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPI	ERATION	WAS PERFORMED	YES NO	IN CERT			NGS USED S OF DEATH?
MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAM) 22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b. SIGN AT URE 22d. PHYSICIAN'S NAME (1) EDWARD G	P. 21e PLACE (AT HOME STI	M. MONTH DAY M. OF INJURY REEL FACTORY, OFFICE, FARM adaceosed from 19 office death.	19 ETC] 7 — 6	211. LOCATION STREET 719. 1983 d that in (my) (our) opinion of PHYSICIAN 228. ADDRESS GBMC 6701	. to 7-23 death occurred on the death occur	ote and h	. 19	63 from the	that II (we) lost to couses stated E SIGNED 7 3 /83
23a. F	SURIAL, CREMATION, REMOV			AE OF CE	METERY OR CREMATORY	236 LOCATION		71,	LUY	VAUN MID
	Crematio	1			w Mem. Pk.	Catonsvi	lle.	Bal		Co., Md.

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hairs of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

medical exam

njury, or other troumotic event, the

MPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR

Martin D.

(VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the hospital or ottending physician.

Martin & Raw ADDRESS 21093 250 DATE REC'D BY REGISTRAR 256 PROBLEM Lawson, 10W. Padonia Road, Timonium U 26 983 San J. Chief

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	REGISTRAR				CERTIF	CATEURD	EATH	RE	G. NO.	1	1.122
	CEASED NAME	FIRST	/	MIDDLE	L.	AST		20. DATE OF DEA	TH MONT	H DAY YEAR	10000
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3, SE	X		4 RACE		5. DATE C			6. AGE (IN YEARS L	AST BIRTHDAY	MONTHS DAY	AR IF UNDER 24 HRS.
F	emale		White	9	2 MONTH	5	1900	83		YRS.	TS ROURS MIN.
7a. 8	IRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	r? B.	NEVER A	ARRIED [9 BALTIMORE C	TY OR CO	UNTY OF DEATH	
	aryland		U.S.A	A.	WIDOWE		ORCED	Baltim	ore (County	ME
10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURS	ING HOME C		ITUTION	120. USUAL OCCU			OF BUSINESS OR
R	ossville	2.17	Frank	tlin Sq	uare	Hospit	al	Homema		KING LIFE) INDUSTE	(1
	AL RESIDENCE (IF NUE	13b COUN		GIVE RESIDENCE BEFO		13d. INSIDE C	ITV I MAITES	13e STREET ADDR	ECC		21224
	aryland		imore	13c. CITT OR TO	100	YES	NO X			Point R	load
14. F/	ATHER'S NAME	•					MAIDEN NAM	ΛE			
F	red FIRST		PC	rsinge	er	Maı	FIRST	MID	DIE	Not	Known
	WAS DECEASED EVE		MED FORCES?	16b. SOCIAL SEC		17. INFORMA	NT	A	POPESS	North P	oint Rd
N	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	215-01	-8390	John	H. Fi	lliaux			MD.2122
_	18. CAUSE OF DEA	TH (Enter on	ly ane cause ner	line for (a) (b)	and (c)						OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH		E CAUSE (0)	Cardiopu	Imonar	Arres	τ				
	7100		DUE TO, O	R AS A CONSEO	UENCE OF	1 T. C.					
	Conditions, if an		(b)_F	Acute My	ocaraia	al Inta	rction				
	couse (o)," stof	ing the	DUE TO, O	R AS A CONSEO	UENCE OF						
				Cerebrov							
z	PART 2 OTHER SIG	SNIFICANTO	CONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR	CONDITIO	ON GIVEN IN PART	110
CERTIFICATION	19a, DATE OF OPERA	ATION	19k COND	ITION FOR WHIC	TH OPERATION	N WAS PERFO	RMED	200 AUTOPSY	1 20h.	IF YES, WERE FIN	DINGS USED
FIC	THE DATE OF CITE		1.000.0			· · · · · · · · · · · · · · · · · · ·			IN	CERTIFYING CAUS	
ERT	210. ACCIDENT WAS UP	NDERLYING F	21b. TIME O	F INJURY		171c HOW IN	JURY OCCURR	YES NO	-	EM 18 PART I OR PART	
	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR			ED (EITER ITALIONE O			
MEDICAL	16 EITHER NOTIFY MEE		P. PLACE		19	21f LOCATIO	N.				
ME	WHILE I NOT V	VHILE		REET, FACTORY, OFFICE	E. FARM ETC)	STREET		CITY	ORTOWN	COUNTY	STATE
	220.1 certify that 6	ORK	1-1) and and all all		June	16	1983	1oJU \	/ 1	19_83	_ that M (we) las
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	obave, M (we)	(did) (did oo	the Whe York	after death.		DEGREE					TE SIGNED
	//	11	Att	1711	Jan-19	A	TTENDING	MEDICAL	STAFF	0 7/	1/02
	224 PHYSICANISK	AME TYPE O	PRINT)	U		22e ADDRES	PHYSICIAN [DIRECTOR P	TISICIAN	5 141	100
	/ Jo	seph	Richter	, M.D.		9000	Frankl:	in Square	: Driv	ve 21237	
	BURIAL, CREMATION	, REMOVAL	23b DATE	23	NAME OF C	EMETERY OR	REMATORY	23d LOCATION		COUNTY	STATE
D	(SPECIFY)		7/5/1	002	0-1- T			D - 7 4		COUNTY	STATE

DHMH - 16 50M 4/82

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by is should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be liked with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic

Burial | 7/5/1983 | Oak Lawn

14. FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue Dundalk, MD. 21 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completing that in the transmit of an about be detached far use as the buriol-transit permit. Then please remove carbonpapers. Pagend, and it is filled within 71 has either second with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.
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FOR STATE

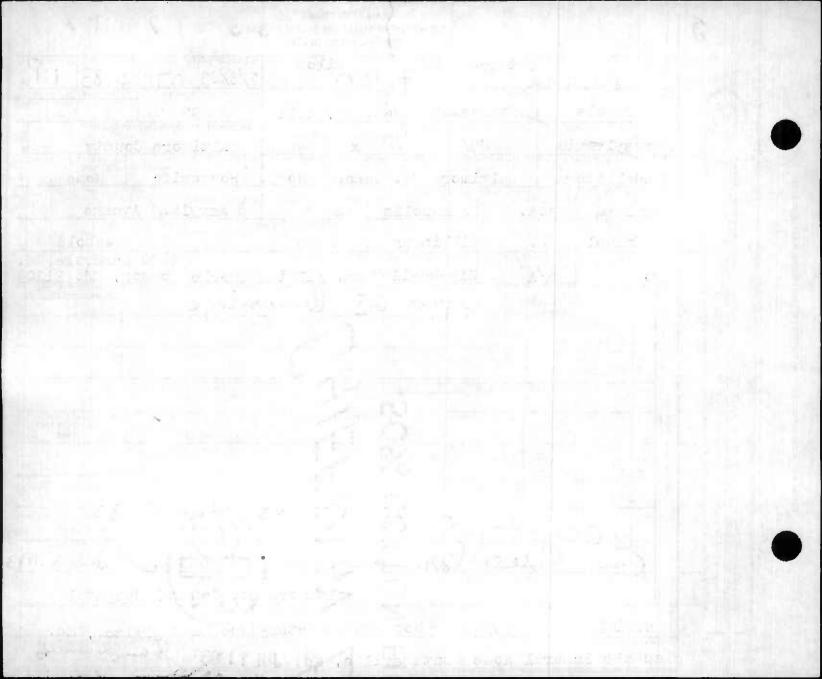
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STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL HY TENE	1	7	6	1	1
CERTIFICATE OF DEATH	014 020				

REGISTRAR		CERTIFICATE OF PEATIT	REG. NO.	
Beatric		7100 Filon	7/5/83 0	7 05 83 1 PM
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Caucasian	Jan. 12, 1891	92	YRS.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
Pennsylvania	USA	WIDOWED A DIVORCED	Baltimo	re County MD.
Randallstown	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Baltimore C		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWI	WORKING LIFE) INDUSTRY
130. STATE	or other institution, give residence before unity 13c. City or tov Annapo	VN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS 8 Maryla	nd Avenue 2/40/
Samuel	L. Dilling	ger Kate	WIDDLE	Seabold
169. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) NO NO NO	GIVE WAR OR DATEST	URITY NO 17 INFORMANT -1157 Mr. Willia		830 Landrake Rd. owson, Md. 21204
PART I. DEATH WAS CAUSED IMMEDIATE TO THE PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	JENCE OF	or lage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TION GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196, CONDITION FOR WHICH	H OPERATION WAS PERFORMED		20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 216. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN WHILE NOTIFY MEDICAL EXAMIN 220.1 certify that (1) (this has	P.M. 216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE. spital) attended the deceased from on 19 not i view the body after death.	PARM STREET 21f LOCATION STREET 19 22f LOCATION STREET 19 22f LOCATION STREET 19 27e ADDRESS	CITY OF TOWN CITY OF TOWN CITY OF TOWN MEDICAL STAFF DIRECTOR PHYSICIA CO Genera	county STATE 19.85. that (I) (we) lost to and hour and from the causes stated 22c. DATE SIGNED 19.85. That (I) (we) lost to and hour and from the causes stated
230. BURIAL, CREMATION, REMOVA	AL 236. DATE 23c	NAME OF CEMETERY OR CREMATORY		110 OP 1 00L
Burial	1 1-	oodlawn Cemeter	CITY OF TOWN	COUNTY STATE
24 FUNERAL DIRECTOR	171707 1	250 D		Balto Md.
NAME	ral Home Cato	nsville, Md	UL 11 1983	to and lawiff

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours all

retained by the hospital or attending physician.

CTATE OF MADVIAND DEPARTME

STATE OF MAKILAND						
NT OF HEALTH AND MENTAL HYGIENS	3	1	7	6	1	-
CERTIFICATE OF DEATH		REG. NO.				

1.	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).	0 .	•	
TYPE	EDR PRINT)	ANIE MIDDLE E	ι	AST FLESHER	2e. DATE OF DEATH	0.7 O		26 HOUR	
3. SE		4 RACE White	S. DATE C	g. 10 1904°	6. AGE (IN YEARS LAST BIRT	HOAY) IF	5 83 UNDER I YEAR ONTHS DAYS	6:30 IF UNDER 24 MRS HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN Va.	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OF Baltimo	COUNTY		M	
10 C	TOWSON 21204	11. NAME OF HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKEY		126. KIND O INDUSTRY Home	F BUSINESS OF	
USU. 13e.]	ALRESIDENCE (IF NURSING HOME OF DEPTH BEPT	Timore Middle	e admission) yn iver	13d. INSIDE CITY LIMITS? YES NO	13. STREET APPRESS	ol Bree	eze Dr	200	
14. FA	ATHER'S NAME Benjamin S	middle LAST		15. MOTHER'S MAIDEN NAM	ence May Ke		LAS		
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTION (NE WAR OR OATES) 820 02 3		David Schaef:	472000s fer Baltim				
	PARTI. DEATH WAS CAUSE	nly one couse per line for (a), (b), or ED BY: TE CAUSE (a)	To AC	UTE MYOCARD	IAL INFAR	CTION	BETWEEN C	MATE INTERVAL	
-	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF CORONARY ARTERY DISEASE (b) CORONARY ARTERY DISEASE (b) CORONARY ARTERY DISEASE (c) DUE TO, OR AS A CONSEQUENCE OF CORONARY ARTERY DISEASE (c) CORONARY ARTERY DISEASE (b) CORONARY ARTERY DISEASE (c) DUE TO, OR AS A CONSEQUENCE OF CORONARY ARTERY DISEASE (c) CO								
CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO			OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE,	FARM ETC)	ZIII. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	220.1 certify tho (12) this hospital) attended the deceased from UNE 21 19 5, the (14) this hospital) attended the deceased from UNE 21 19 5, and that (14) your) opinion death occurred on the date and hour and from the causes stated above (14) (14) (14) (14) (14) (15) (16) (16) (16) (16) (16) (16) (16) (16								
	above (i)(we) did)(nid/ni	view the body after death,		DEGREE				couses stated	
	July 9.	Luy for mp		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	couses stated	
	224. PHYSICIAN'S NAME (TYPE	First M.D.		DEGREE	er i se en institution en institutio		22c. DATE	couses stated SIGNED	
	224. PHYSICIAN'S NAME (TYPE	Luy fr inp DR PRINT) JR INP TERRY M.D. 1236. DATE 1236	NAME OF C	DEGREE ATTENDING PHYSICIAN PARTIES 270 ADDRESS EMETERY OF CREMATORY 11 Memorial G	MEDICAL STAF DIRECTOR PHYSIC	fan 🗆	22c. DATE	signed STATE	

Old Eastern Ave

BP. DHMH - 16 50M 4/B2

Funeral

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

FOR

(VRA 15, 4)

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State					• • •	
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MARYLAND 21201	
BALTIMORE, N	
W. PRESTON ST.,	
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VISION OF VITAL RECORDS.	
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	1	DEC	REGISTRAR EASED NAME FIRST	MIDOLE		ICATE OF DEATH	REG. NO	O. DAY YEA	R 2b. HOUR
			VALE	BORG	FL	E TTY		7 12 183	11:0
	3.	SEX	EMA LE	4. RACE White	5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIR)		YEAR IF UNDER 2
386	2	C	THPLACE (STATE OR FOREIGN DUNTRY) isconsin	76. CITIZEN OF WHAT COUNT	TRY? 8. MARRIE WIDOW	D NEVER MARRIED 3	BALTIMORE CITY O	em .	
Parified	6 10		OWSON	GBM C-670 TVES			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	DOF BUSINES
must be	5 1	SUA 3a. Si	RESIDENCE (IF NURSING HOME ATE 136. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY To, Timon	TOWN	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 114 Counti		210
Comine 3	0	. FAT	HER'S NAME FIRST Thomas	Walborg F		15. MOTHER'S MAIDEN NAME FIRST MIDDLE Andersen'ST Pauline Anderson			en st
medicol	16	(11	AS DECEASED EVER IN U.S. S NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	6-6973	Dr. Ruth Co	onard (Sar	me as #13.)
ony injury, or othe		2	cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 90. DATE OF OPERATION	DUE TO, OR AS A CONSI	TO DEATH BUT		INAL DISEASE OR CONI	20b. IF YES, WERE FII	NDINGS USED
04			DESTRUCE.				YES NO NO	YES	NO 🗆
m 18 short			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PAR	7 2)
Ē/		MEDICAL	WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn count	577
rked or them		- [saw the deceased alive	spital) attended the deceased from not) view the body offer death.	83,0	nd that in (my) (bur) opinion (, to <u>/ - 1 Z</u> deoth occurred on the do	te and hour and fram	, that (I) (w the couses stat
m 21 is morked or the						DEGREE		22c. D	AJE SIGNED
.NT: If Item 21 is morked or			226 SPNATURE Raymon	d A. Nze	mo	ATTENDING PHYSICIAN	MEDICAL STAF	IAN X 7	12/8:
Hem 21 is morked or			226. SIGNATURE COLUMN 226. PHYSICIAN'S NAME ITYPE	A NZE, M.D.	mo		MEDICAL STAF	IAN 🔼	12/8:

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fune of director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 22 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar ather traumatic event, the medical exami

director page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPARTA		REALTH AND		YGIENI	REG. N	0. 7	6 2	2 0
	CEASED NAME OR PRINT)	Will		PETER F	OERT	SCH		20.	July 5,	1983	3	4:00P _M
3. SE	X		4. RACE		5. DATE O			6. A	GE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
	MALE		WHID	VE S	5	17	1894	4	89	YRS	MONTHS DATS	ACONS MIN.
(RTHPLACE (STATE OR F		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D X NEVER	MARRIED !	9.8	Balti		Count	у
10. CI	TY OR TOWN OF DEA DSSVILLE		11. NAME OF H (IF NOT IN SUC FRANKL)	HOSPITAL, NURSIN H FACILITY, GIVE STREET, N SOUARE	HOSP	OR OTHER IN		(TY	USUAL OCCUPAT PE OF WORK FOR MOST HIPPING D	OF WORKING LI	.,	SAKE ESS OR ING SUPLS
13a S	AL RESIDENCE (IF NURS STATE RYLAND	13b. COU	OTHER INSTITUTION, NTY IMORE	GIVE RESIDENCE BEFORE 131. CITY OR TOW DUNDALK	ADMISSION) N	YES 🗌	CITY LIMITS		STREET ADDRESS 311 WISE	AVE.	21222	
	THER'S NAME FIRST JNKNOWN		MIDDLE	FOERTSCH		15. MOTHER	PIRST		NKNOWN WIDDLE		ŁAS	Ť
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDR	ESS	100	
(NO OR UNKNOWN)	(IP YES, GI	VE WAR OR DATES)	215.10.9	006	MARY	PAULIN	E F	OERTSCH (same	as 13e)	
NO	Canditions, if any, gove rise to immocause (a), static underlying cause PART 2 OTHER SIGNARY TO THE RENATION	nediate g the last.	DUE TO, O	R AS A CONSEQUE	NCE OF			J		NDITION GIV	VEN IN PART 1	0
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED		200 AUTOPSY?	IN CERTI	S, WERE FIND IN FYING CAUSES ES T	
	218. ACCIDENT WAS UNI	CAUSE OF DE	AIR	OF INJURY M. MONTH DA	AY YEAR		NJURY OCC		(ENTER NATURE OF INJ		- band	
MEDICAL	21d INJURY OCCUR	OLE M	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCAT	ION ET	0.2	CITY OR T	OWN	COUNTY	STATE
	saw the deceas abave, (1) (we) (1) 22b. SIGNATURE	ed alive a	1	5 19	83, o		() (our) apin	ion deat	ta UII y	date and ho	ur and fram the	
	Shelo		Meur	mo,	N	nn		G Z D	AEDICAL STA		7/3	5/83
	She]		Milner	, MD		220. ADDR		rank	clin Squ	are	Dr., 2	1237
23a	BURIAL, CREMATION,	REMOVA	7/8/19			ETDGE M		ARK	23d. LOCATION CITY OF TOWN ET.KRIDGE	2	COUNTY	STATE

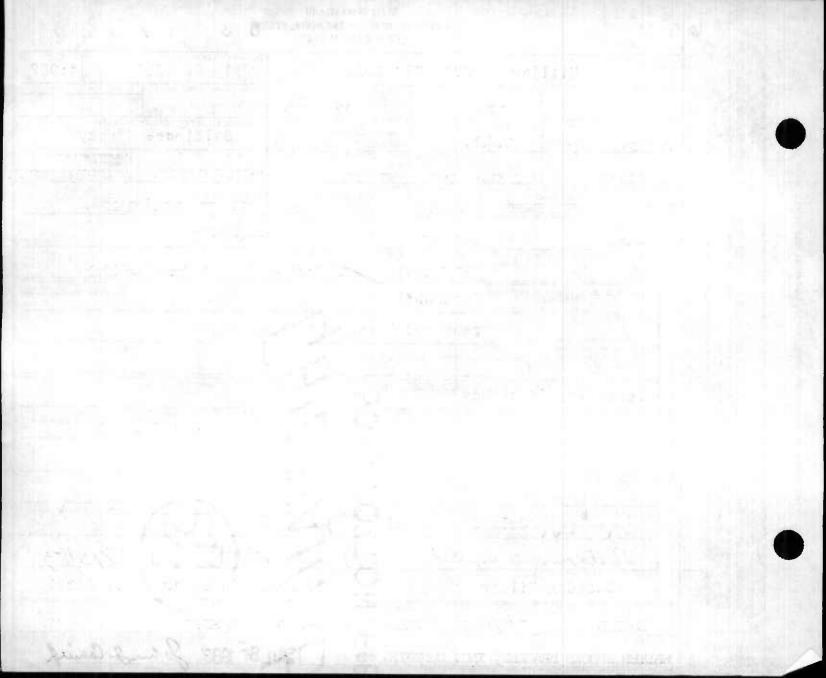
DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

etained by the hospital ar attending physicia

74 FUNERAL DIRECTOR
WALTER BROOKS BRADLEY, INC. DUNDALK, MD

250. DATE REC'D. BY REGISTRAR'S SIGNATURE CALLED



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		0	6.40	- 1

1	1 -	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. I	10.		67.00	
Ì		CEASED NAME	FIRST		MIDDLE		AST		28. DATE OF DEATH	MONTH	DAY	YEAR	2h HOUR
I	liter		LBERT	L	OUIS	F	OLKS	SR.		07	14	83	AM
I	3. SEX			4 RACE		S. DATE (YEAR	6. AGE (IN YEARS LAST E	IRTHDAY)	IF UND	DATS	IF UNDER 24 HRS. HOURS MIN.
I		MALE		WH	ITE	08		19		63 YRS			
1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER A	ARRIED -	9 BALTIMORE CITY	OR COUN	ITY OF D	EATH	
ł	M	IARYLAND			S.A.	WIDOW	D DN	ORCED	BALTIMORE				MD.
1	/	LTO. HGLD		(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET A	(DDRESS)	OR OTHER INST	ITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST CAR INSPE	OF WORKING	LIFE) IN	NIND OF BUSTRY	OAD
1	USUA 13a S	L RESIDENCE (IF NURSI	ING HOME OR		GIVE RESIDENCE BEFORE		13d INSIDE C	TV HAAITS2	13e STREET ADDRESS		(B & (0)
1		ARYLAND		IMORE	BALTO. H		YES	NO 🔀	4412 FENO		D. 2	1227	
1	14. FA	THER'S NAME		MIDD(E	LAST			MAIDEN NA	WE			LAST	
		ALBERT		S.	FOLKS			THER IN					REILLY
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADD	RESS			
Į		YES		II	218-05-2	679	SHIRLE	Y FOLK	S 4412 FEN	OR RO.	AD,	2122	7
ľ		IL CAUSE OF DEATH			line for (a), (b), and	Irell	MIH	Λ,				BETWEEN	MATE INTERVAL
		PART I. DEATH W		E CAUSE (a)	C	ard	iac	HVY	est			30	mutte
ı		4212		DUE TO, O	R AS A CONSEQUE	NCE OF	. 1	1., 1	7. 1.	1	0.		1
ı		Conditions, if any,		(b)	HYV	ew.	VELA	216	wdrovas	164	11769	26.3	y ears
I		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying cause lost											
ł				(c)									
1	N	PART 2 OTHER SIGN	NIFICANI C	ONDITIONS CO	SNIKIBUTING TO E	EATH BUT	PATO 1) HE TERM	INAL DISEASE OR CO	NOTITION	JIVEN IN	PARI 110	
4	ATIC	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATION WAS PERFORMED 200 AUTOPSY? 20					IF YES, WERE FINDINGS USED		
1	CERTIFICATION								YES NOT		YES T	CAUSES	OF DEATH?
1	CER	71a. ACCIDENT WAS UND	_	110110 4		V VEAD	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 1	IS PART I O	R PART 2)	
	AL	OR CONTRIBUTING C		THE STATE OF THE S	M. MONTH DA M.	Y YEAR							
ı	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATIO	N	CITY OR	OWN	CC	OUNTY	STATE
I	2	AT WORK AT WOR	RK -	(ATTIOME, ST	TEET, FACTORT, OFFICE, FA	nam, etc.)				mai		118	
١		22a I certify that (I)			e deceased from_	- o 2	tprof 4	. 19	2 to	1414			that (I) (we) last
ı		sow the decease above, (I) (we) (d	ed olive on, lid) (did_no	1) view the body	after death.	32.0		(our) opinion (death accurred on the	date and h	nour and	from the	couses stated
ı		226. SIGNATURE	000	Varia	y Pole	IN	DEGREE A	TTENDING TO	MEDICAL ST DIRECTOR PHYS	AFF	2	7// DAJE	4/83
1		22d PHYSICIAN'S NAME (TYPE OR PRINT)					27e ADDRES						
I		JEFFREY	COLE,	M.D.			3455	WILKEN	S AVENUE,	21229			
1		URIAL, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR C		23d LOCATION		cour	NITY	STATE
	1	BURLAL		07-18	-83 B.	ALTIM	ORE NAT	CIONAL	BALTIMOR	E CIT			ARYLAND
		INERAL DIRECTOR		176-1	ADDRESS		21229	0.1	E REC'D. BY REGISTRA	R 25b. REG	ISTRAR'S	SIGNATI	UREself
I	H	JBBARD FUN	ERAL	HOME, I	NC. 4107	WILKE	ENS AVE.	J	OF 10 1900	0			
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DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove caying the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

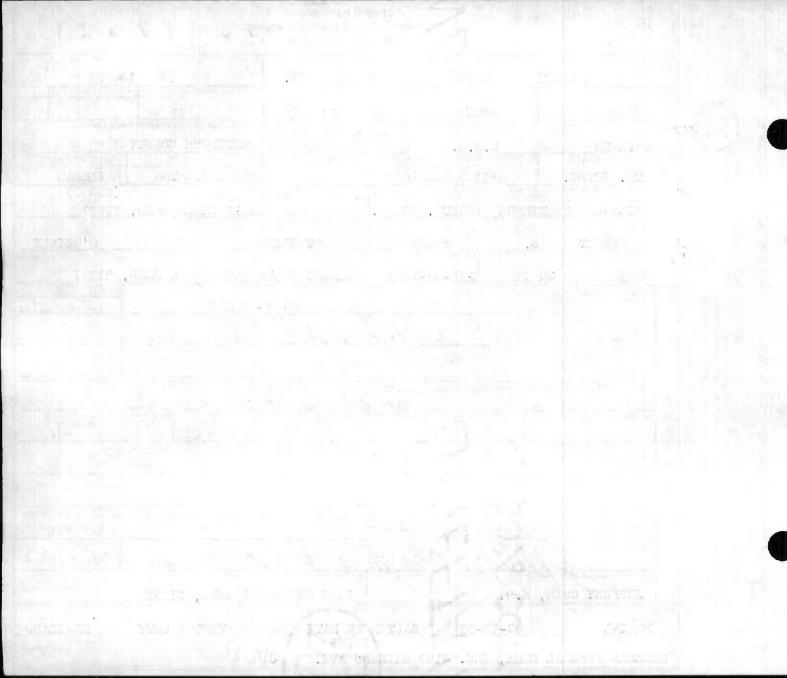
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IMPORTANT: If Hem 21 is morked or Item 18 shows roay

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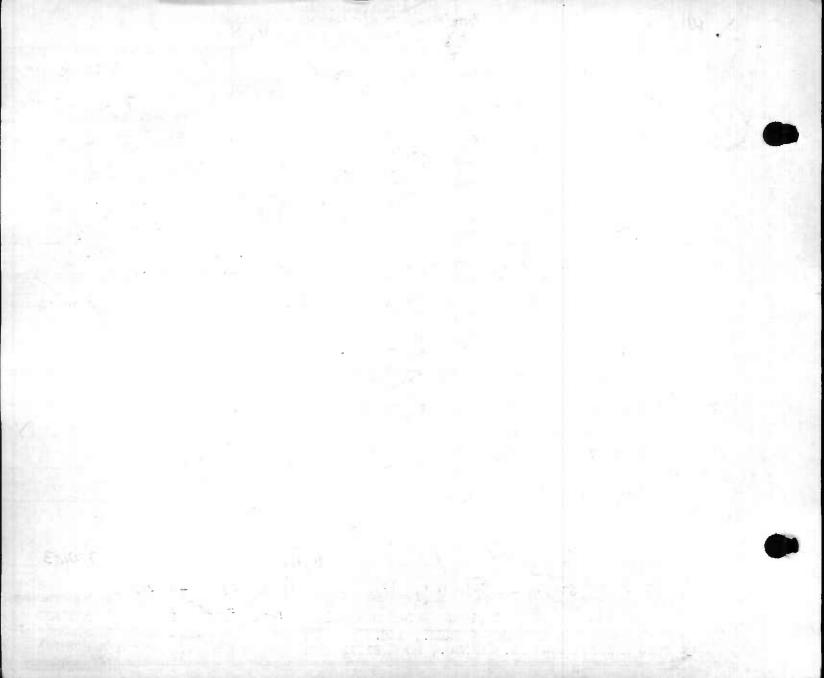
24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

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executed within 24 hours

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	5	2	3

MALE WHITE JUNS 13, 1912 11 YRS.	26. HOUR 9:30am					
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 7. HERTPLACE (STATE OR FOREIGN 7. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEAT RALT MORE COUNTY 1. RALT MORE RALT MORE COUNTY RALT MORE RALT MORE COUNTY RALT MORE RALT MORE COUNTY RALT MORE RALT MOR	9:30am					
TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PALT MORE CITY OR COUNTY OF DEATH						
TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED RALT MORE COUNTY OF DEAT						
78. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTRY PAIR THORE	AYS HOURS MIN.					
L'ACTION AND LINE TO THE PART OF THE PART	н					
	MD.					
	ND OF BUSINESS OR					
TOWSON ST JOSEPH HOSPITAL SECURITY MAN	IRT					
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 130. CITY OR TOWN 131. INSIDE CITY LIMITS 130. STREET ADDRESS	1					
MARYLAND BALTINORE CARNEY YES INOW 3026 THIRD HVS	1.31234					
14, FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	_iAST					
CHARLES E. FOSTER MARY A.	1215 _					
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS						
no DIGOSGIZZA FAMILY KILORDS						
	PROXIMATE INTERVAL					
PART I. DEATH WAS CAUSED BY:	ullhs					
DUE TO, OR AS A CONSEQUENCE OF						
Conditions, if any, which						
gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF						
underlying couse lost.						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	RT 110					
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FI	NDINGS USED					
IN CERTIEVING CAL	NO [
YES NOW YES YES						
YES NOW IN CERTIFYING CALL YES NOW IN CERTIFYING CALL YES NOW IN THE NEW TOWN THE NEW THE	IT 2)					
YES NOT YES TO Y	tī 2)					
	- 3					
OR CONTRIBUTING CAUSE OF DEATH - 3						
OR CONTRIBUTING CAUSE OF DEATH TY STATE						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED VALUE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from 19 22a.1 certify that (1) this haspital) attended the deceased from	STATE , that (we) last					
OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 214 INJURY OCCURRED 214 INJURY OCCURRED 215 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 226.1 certify that (1) this hospital) attended the deceased from sow the deceased live on above (1) twe (did) live on above (1) twe (did) live on above (1) twe (did) live and to it with the body after death.	STATE , that (we) last					
OR CONTRIBUTING CAUSE OF DEATH state, that (we) last a the couses stated						
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

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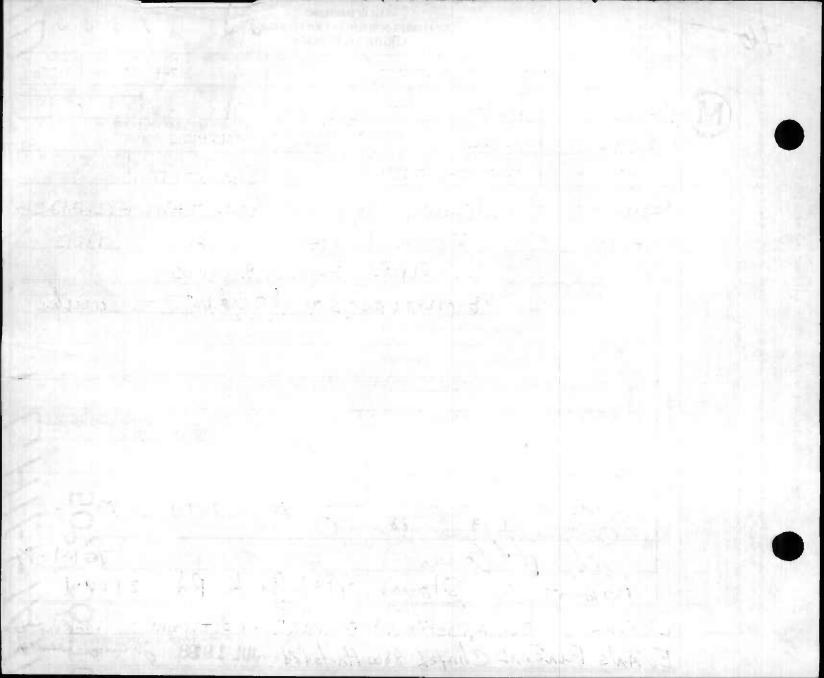
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IMPORTANT: If Hem 21 is marked or Hem 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.



requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, th

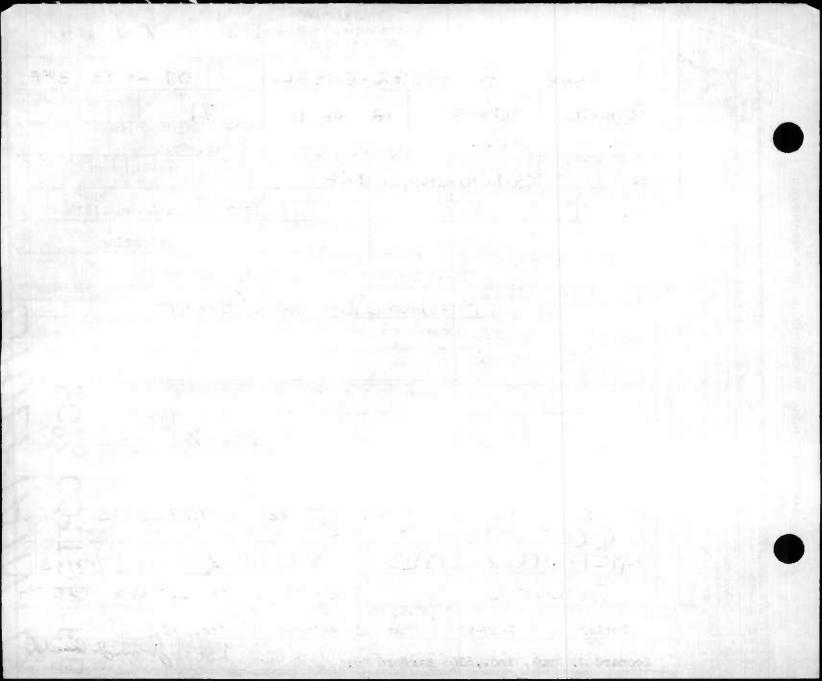
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCONE 3

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	162	4
1. DECEASED NAME FIRST (TYPE OR PRINT)	F. Fos	STER-ENGEL	26. DATE OF DEATH MO	28 83	26. HOUR A
Temale	1. RACE Whates	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD.	YRS.	IF UNDER 74 HRS HOURS MIN.
76. BIRTHPLACE STATE OR FOREIGN COUNTRY) Md.	7b. CITIZEN OF WHAT COUNTRY $U.S.A.$	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto. Co.		MD.
Towson	Stella Maris Ho	spice Unit	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W Housewife		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR 130. STATE HAD COUN Md.	R OTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 136. CITY OR TOV Balto	WN 136 INSIDE CITY LIMITS?	130 STREET ADDRESS 1823 Wadswor	th Way 212	39
John	Stampone LAST	15. MOTHER'S MAIDEN N Mary	MIDDLE	alentine	ST
160. WAS DECEASED EVER IN U.S. AR [YES, NO OR UNKNOWN] (IF YES, GIV	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 217-18-1		ADDRESS ngel, same as		MATE INTERVAL
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE			ON GIVEN IN PART 1	200
STIFIC			YES NO	OF DEATH?	
CO COLUMNIA CALLES OF CO.	ATH HOUR A.M. MONTH E	DAY YEAR 19	IRRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
UF EITHER NOTIFY MEDICAL EXAMINES 214 IN JURY OCCURRE WHILE NOTIFY MEDICAL EXAMINES 214 IN JURY OCCURRE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
saw the deceased plive on above (1) we) did (did no	ital) attended the deceased from, 7/28 19 at) view the body after death.	53 and that in (my (aur) apinio	n death accurred an the date	and hour and from the	tha (1) (we) last causes stated
22b. SIGNATORE FOLL	ekner M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 8/83
220 PHYSICIAN'S NAME (TYPE OF	NER	Stlama	ris Hospice,	towan	10 0 10 04
23e. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Most Holy Redeemer	CITY OR TOWN	COUNTY	STATE
24 FUNERAL DIRECTOR	ck, Inc.,5305 Ha	25a D	ATE REC'D. BY REGISTRAR 256		Buil

DHMH - 16 50M 4/B2 (VRA 15, 4)

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4	1	The same	
(M)	
)	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mm to elected by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physicion and completely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after defined with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	of once.
	24 hours ofter	illed in by the f uld be filed wit	IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other troumatic event, the medical examiner must be notified at once.
	secuted within	d completely f	sicol exominer must be no
	ertificate be ex	ng physicion on conpopers. Pog removal.	event, the med
	nat the death c	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon poper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other troumotic
	low requires th	s been signed ermit. Then plea e prior to burio	s ony injury, or
	TO HOSPITAL OR ATTENDING PHYSICIAN. The lectured by the hospitol or ottending physician.	s certificate has ourial-transit pr Mental Hygieni	r Hem 18 shaw
	TENDING PH	TOR: After this for use as the b	21 is morked o
	SPITAL OR AT	NERAL DIRECT be detoched f e State Dept. o	TANT. # Hem
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notic event, the medical examiner must be notified at once

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STATE OF MARYLAND				
ARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH	3	1	1	Ó
CERTIFICATE OF DEATH	REC	G. NO.		

	FOR STATE REGISTRAR		ARTMENT OF HEALTH AND MENTAL H	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) ESTA	VERNON FOX	LAST	JULY 29,1983 12:	Ar.A
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER	24 HRS
	Female	White	December 23,1887	95 YRS	M Int.
4	76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) West Virginia	76. CITIZEN OF WHAT COUN USA	TRY? MARRIED NEVER MARRIED WIDOWED DIVORCED	D 311	MD.
4	10. CITY OR TOWN OF DEATH Baltimore			12a USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	SS OR
1	USUAL RESIDENCE (IF NURSING HOME O 13a STATE 13b. COU Maryland Balt		TOWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 2123 905 Regester Ave.	9
	14 FATHER'S NAME Saul Shobe Hy	MIOOLE LAST	15. MOTHER'S MAIDEN N FIRST Mary A	MIDDLE LAST	
	160. WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL 214-28	SECURITY NO. 17 INFORMANT 3-1161 George S. Fo	ADDRESS Timonium, Md. x 1725 Greenspring Ave.	
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	nly one couse per line for 101, th	o), and ice	APPROXIMATE INTER BETWEEN ONSET AND	DEATH
		ONDITIONS CONTRIBUTING		RMINAL DISEASE OR CONDITION GIVEN IN PART 110	
>	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT	IH?
	OR COMITMENTING CAUSE OF DE JIF EITHER NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did in 22b. SIGNATURE	P.M. 21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OI oitol) ottended the deceosed fi	DAY YEAR 19 211. LOCATION STREET 19 19 319 319 310. LOCATION STREET 19 19 415 ATTENDING PHYSICIAN 114 ADDRESS 15 E . Bidd1	medical STAFF DIRECTOR PHYSICIAN DATE STORE ST. Baltimore, Md. 21202	we) lost oted
	230 BURIAL, CREMATION, REMOVA Burial	July 30,1983	23c. NAME OF CEMETERY OR CREMATOR Hyre Cemetery		Va.

DHMH - 16 50M 4/B2

(VRA 15, 4)

74 FUNERAL DIRECTOR
ADDRESS 6500 York Rd.
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be

retained by the hospital or attending physician.

executed within 24 hours after death. Page 4 may be

1	STATE OF MARYLAND
FOR 1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

					LAST				SEATH				
	CEASED NAME	FIRST	N	AIDDLE	LASI			20. DATE OF	PEAIN	HINOM	OAY Y	Zb. 1	HOUR
TITTE		CHOMA	S	J.	FRI	ENCH		July	23,	198	3	6	:45A
3. SE	X		4. RACE		5. DATE OF I			6. AGE (IN YE	RS LAST BIRT	HDAY)	MONTHS	1 YEAR IFU	NDER 24 HE
-	Male		Whi	te	Sept	. 18,	1897	85		YRS.	MOIN HS	DATS	MI MI
7e. BI	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8.	☐ NEVER MAI		9 BALTIMOR	E CITY OF	COUNT	Y OF DEA	TH	
	Maryland	1	U.S	.A.	WIDOWED	7		Balt	imor	re Co	ount	y.	
10. CI	ITY OR TOWN OF DE	ATH		OSPITAL, NURSIN		OTHER INSTITU	JTION	120 USUAL O	CCUPATIO	NC	12b. K	IND OF BU	SINESS
	Towson		Mul	ti-Medi	cal Ce	enter	I	lateri	alsI	Ingir	neer	Loc	alGo
130. 5	AL RESIDENCE HE NUR	113b. COUN	ITY	13c. CITY OR TOW	N 113	d. INSIDE CITY		130 STREET A	DDRESS				
Ma	aryland	Bal	timore	2123	4		o X	2837	-A C	ub I	Hill	Roa	d 2;
14. FA	ATHER'S NAME		MIDDLE	LAST		MOTHER'S M			MIDDLE			TAST	
/	Edward			Fren	ch		ne					Lav	ery
160 V	WAS DECEASED EVER		00 0	166 SOCIAL SECU		7 INFORMANT		ACM S	ADDRE:	SS	21	234	
-	NO OR UNKNOWN)	(N-1E3, GW)		214-38-	0232 8	Samuel	A. 1	French	Bal	timo	ore	Co.,	MD
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ATION	Canditions, if any gove rise to im cause (a), stating underlying cause	, which mediate ag the last.	DBY: E CAUSE (a) DUE TO, OF b) DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D Tia	ENCE OF DEATH BUT NO	brtz	u	Icer			VEN IN PA	ART Iro	
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DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR
William E.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

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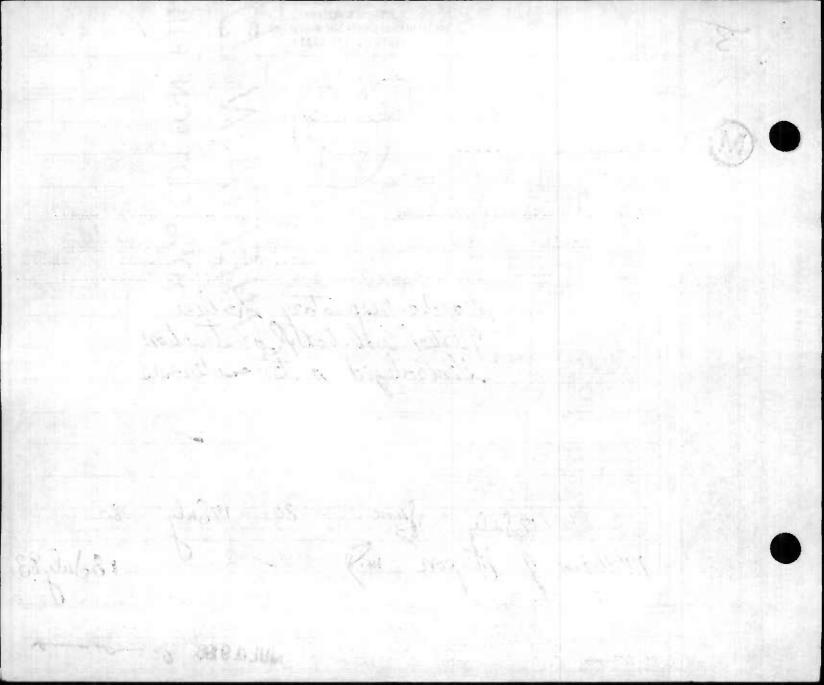
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		CEASED NAME FIRST	Ť A	AIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
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ı	3. SE)		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		female	whit	0	Marc		94 YF	MONTHS DAYS	HOURS MIN.
	76. BII			WHAT COUNTRY?	8		9 BALTIMORE CITY OR COU		
1	, (OUNTRY)			D NEVER MARRIED	Baltimore Co			
2		aryland	U.S		WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPATION		MD. OF BUSINESS OR
			(IF NOT IN SUC	H FACILITY, GIVE STREET A	DORESSI		(TYPE OF WORK FOR MOST OF WORKIN		71 003114E33 OK
4		Pikesville	Pikesu	ille Nurs	rng (<i>lenter</i>	Homemaker		
P		TATE 13b C	COUNTY	13c CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
2			altimore	Woodlaw	'n	YES NO 🔀	Woodlawn D	rive 2	1207
1	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WIDDLE	1.45	Y
ZI.	/	Will.		Peppler		Del		mmerbau	her
1		VAS DECEASED EVER IN U.		166 SOCIAL SECUR	ITY NO.	17. INFORMANTMrs.	Janet McFar	lane	21208
	()	res, no or unknown) (if yi	ES, GIVE WAR OR DATES)	215-24-9	398		ale Terrace		
ŀ						Train Bourju	/ ^	APPROX	IMATE INTERVAL
1		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	AUSED BY:	1 2 7 01 4	. 1	a spinature	do luna	BETWEEN	ONSET AND DEATH
Т		IMME	DIATE CAUSE (0)	CHUCOUD	- 118	Aprilaray	granier		
1		4404	DUE TO, O	CONSTOUE	F OF!	Itat All	1. Trusto	40	
		Canditians, if any, which		Parly	11	MILLONDY.	misvilland	76	
		cause (a), stating the DUE TO, OR AS A ONSEQUENCE OF							
4		underlying couse los	it. (c)	Ellenest	iles	ed are	210-2011200	0	
1		PART 2. OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING TO D	EATH	NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION	GIVEN IN PART 1	0
1	O								
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED		YES, WERE FINDI	
	LIFIC						YES NOT	RTIFYING CAUSES	NO [
7	ER	21a ACCIDENT WAS UNDERLYIN				21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
/1		OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH DA					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA	(MINER) P.		19	21f. LOCATION			
1	ME	WHILE NOT WHILE		EET, FACTORY OFFICE, FA	RM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
1		AT WORK AT WORK		(10	O'A	1000	00	
		22a.1 certify that (1) (this	10 1 1.1	deceased frame	MARK		to Touch	-	that (I) (we) last
		saw the deceased aliv	id nat) view the body	oper death.	-,0	nd that in (my) (aur) apınıan	death accurred on the date and	haur and fram the	causes stated
1		774 SIGNATURE	. 1	L		The courte	(22c DATE	SIGNED
,		nulling	1 0. W.	DURM	1	ATTENDING PHYSICIAN (DIRECTOR PHYSICIAN	1 9	1111.83
Н		IM PHYSICIANS NAME	THE CONTENTS (C)	7-0.0		11 ADDRESS		100	C) Charles
7		Dr. Willia	m & Province			F779 Wanter	in Mart 7 Onto	7 7 -	MD (1000
-	22- 5				A 14 F OF 6	EMETERY OR CREMATORY	riew Mall Cator	isville,	MD 081228
		SURIAL, CREMATION, REMO	1000				CITY OR TOWN	COUNTY	STATE
	04 =	Burial	7/20/				ry Baltimore	City	MD
			ring Byers				TE REC'D BY REGISTRAR 256 REC	GISTRAR'S SIGNA	Wenney's
1	87	28 Liberty Ro	d. Randall	stown, MD	21	133	Incit a mar		

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached far use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 sho



attending physicia

injury, or other traumatic event,

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 3

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		-	0.00	_

1 - STATE REGISTE	RAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	O de	3
1. DECEASED N (TYPE OR PRINT)	IAME FIRST	BERT	MIDDLE		RISBY	20 DATE OF DEATH		6 83	26 HOUR
1 SEX	HUK	1 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIF	RTHDAY	IF UNDER I YEAR	
	Male	Į	Black	MONTH	C 486	97	YRS	AUNTHS DATS	HOURS MI
Mary:			WHAT COUNTRY?	MARRIE WIDOWE	V	Baltimo	_	1	ounty,
Balt	wn of DEATH imore	BaTto	CH FAGILITY, GIVE STREET	n. H	ospital	Ret. Edu		EL INDUSTRY	of Business of E
Mar;	yland		Baltim	N	134 INSIDE CITY LIMITS? YES XX NO []	3403 Bat	eman	Ave.	21216
Josep!	RST	MIDDLE S.	Frisby		15. MOTHER'S MAIDEN NA Ida	ME MIDDLE		Hen	iry
160 WAS DECE	ASED EVER IN U.S. A	RMED FORCES?	214 40	RITY NO. 8332	H. Russell	ADDR Frisby J	11		and Rd.Col
gave r couse underly		(c)_	r as a conseque		NOT RELATED TO THE TERM	ninal disease or con	IDITION GIVI	EN IN PART I	o.
21a. ACCI	OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			INGS USED S OF DEATH?
	DENT WAS UNDERLYING RIBUTING CAUSE OF D	EATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURI		100		
9	NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
sow	tify that (I) (this has the deceased alive a ve, (I) (we) (did) (did n	7	19 6 19 8	3 76	2 + , 19 83 and that in (my) (our) apinion	death occurred an the d	2.6 ate and have	9/	that (I) (we) lo e couses stated
22b SIGN	NATURE	Suy	Who		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	26/83
1	244NOLT	Deli	STRE		BALTIMOR	E COUNTY 1	SENE	TAL	Host-

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the haspital ar attending physician

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by this should be detached for use as the burial-transist permit. Then please exwith the State Dept. of Health and Mental Hygiene prior to burial, creming the State.

IMPORTANT: If them 21 is marked at them 18 shows any

Nutter's and Sons Funeral Home, Inc.

230 BURIAL, CREMATION, REMOVAL (SPECBURIAL)

2501 Registrar 256 Pkwy JUL 27 1983 Balto., Md. 21216

23c NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

23d LOCATION Baltimore

Md

Transfer of the Assessments Treder Samples The same of the sa Matter's an Sond 2501 days Later and Sond and Aller and

executed within 24 hours after death. Page 4 requires that the death certificate be

al director, page 3 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the financial be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be fried with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

WORTANT: If hem 21 is morked or flem 18 shows any injury, or other traumotic event, the medical examiner

STATE OF MARYLAND

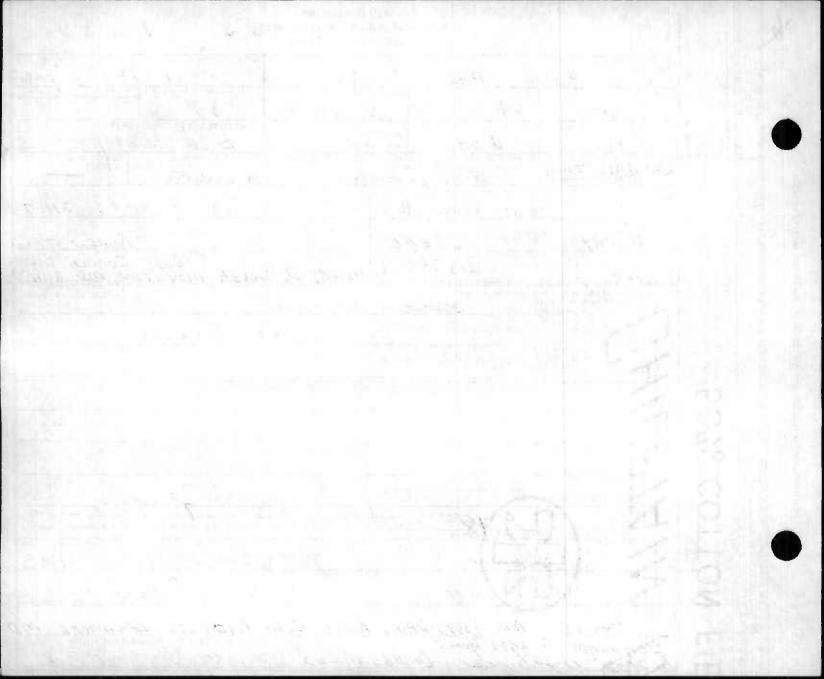
	1-	STATE REGISTRAR	DEPAR	CERTIFICATE O	F DEATH	REG. NO.	0 % 4
		CEASED NAME FIRST OR PRINT)	ila MAE	Fuller	,	20. DATE OF DEATH MONTH	2883 8 pulm
	3. SEX	Fenale	4. RACE WhitE	S. DATE OF BIRTH	7 498	6. AGE (IN YEARS LAST BIRTHDAY) ST YRS	
	C	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVE	DIVORCED	Baltimore City or Coun	unty MD.
	KF	HADAI (STORY)	11. NAME OF HÖSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE ALL I GAVE OF OTHER INSTITUTION GIVE RESIDENCE BEF	EET ADDRESS)	NSTITUTION .	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSELUTE	12b. KIND OF BUSINESS OR INDUSTRY
	13a. S	TATE 136 COU		S MILS YES	E CITY LIMITS?	130. STREET ADDRESS BYWE	ry ld 21117
2		HENRY (AS DECEASED EVER IN U.S. AF		-HL	FIRST	MIDDLE	RUBEN STEIN
		ES, NO OR UNKNOWN) (IF YES GI		46031 HEN	RY D. F.	ILLER MONKT	CORBELL VILLAGE TON, MD 211114
	ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	DUENCE OF			Q GIVEN IN PART I a YES, WERE FINDINGS USED
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING				IN CER	TIFYING CAUSES OF DEATH? YES NO
	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCA		CITY OR TOWN	COUNTY STATE
		saw the deceased alive or	not) view the body other death.	63	ATTENDING PHYSICIAN	MEDICAL STAFF	
	19	W	CESON		350	V W. Roy	ores and
		BURIAL PRESENTION REMOVAL	Aug. 1,1983 2	PRUID RIDG	E CEM	23d. LOCATION CITY OR TOWN PIKES VILLE EREC'D. BY REGISTRAR 25b. REGI	BALTIMORE MI
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DHMH - 16 50M 4/82

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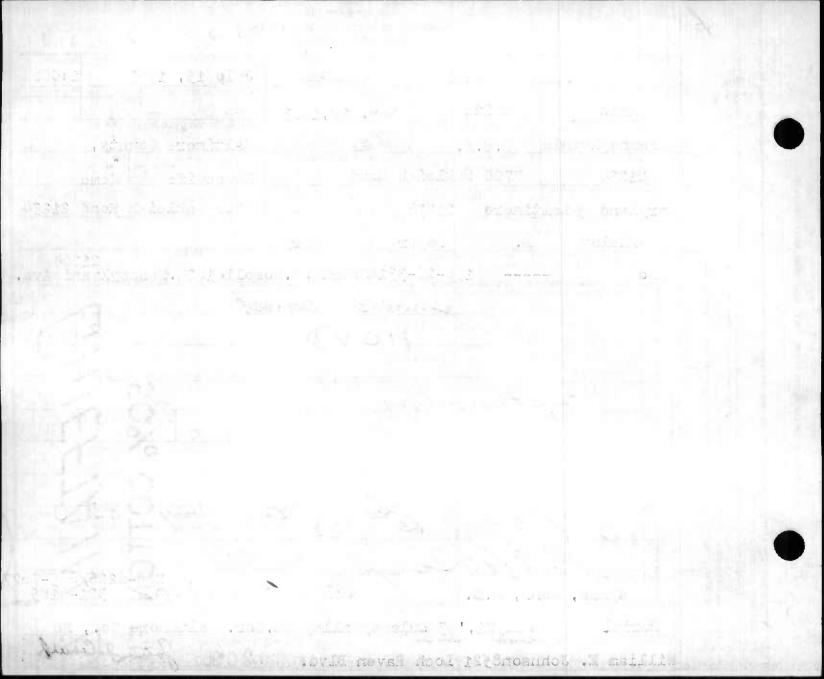
TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4 haves after retained by the hospital or attending physicion.

BP. DHMH - 16 50M 4/ (VRA 15, 4)

		ATE GISTRAR			VETAKIN		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	10.	6	30
	I. DECEA	SED NAME	FIRST		IDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2a. HOUR
		,	CLARA	N	IARY		GAHAGEN	July 15	, 1983		1:00I
	3. SEX	Mal of	4 R	ACE	FEMALS.	5. DATE O		6. AGE (IN YEARS LAST B	RTHDAY] IF I	UNDER I YEAR	IF UNDER 24 H
1 3		emale		Whit		Nov	29,1903	79	YRS.		
\$5		ennsylv	vania	U.S.		WIDOWE		9. BALTIMORE CITY Baltimo	re Cou	nty,	
10		21234		7700°	Oakleig	gh Ro	ad	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWI	OF WORKING LIFE)	12b. KIND C INDUSTRY Home	OF BUSINESS
195	130 STAT		13b. COUNTY Balti		SIVE RESIDENCE BEFORE 13c. CITY OR TOW 2123	N 1	134 INSIDE CITY LIMITS?	7700 0a	kleigh	Road	d 212
100		R'S NAME FIRST	WIDD	LE	LAST		15. MOTHER'S MAIDEN NA	ME		LA!	ST
1		Villian	n I	l e	Воу		Mary				
medicin	160 WAS	DECEASED EVE	R IN U.S. ARMED		190-26-		CharlesE.R	osolio102		21 sylva	L204 aniaAv
#	18.	CAUSE OF DEA	ATH Enter only or WAS CAUSED BY	ne couse per	line for (a), (b), and	dickl		1.		BETWEEN	ONSET AND DEA
the		use (a), stat		DUE TO, OR	AS A CONSEQUE	NCE OF				. 8	
njury, or other	PA	iderlying cau	se last.	(c)			NOT RELATED TO THE TERA	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 1	0'
lows any injury, or other	PA	iderlying cau	se last. GNIFICANT CON	this	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, V	VERE FINDI	
em 18 shows any injury, ar other	CERTIFICATION 100 110 110 110 110 110 110 110 110 11	RT 2 OTHER SIG	SON IFICANT CON	this	NTRIBUTING TO E	OPERATION		200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYIN YES [VERE FINDI	NGS USED S OF DEATH?
rked or Nem 18 shows any injury, or other	LEDICAL CERTIFICATION Section 120 Section	DATE OF OPER ACCIDENT WAS U CONTRIBUTING FEITHER NOTIFY ME FINJURY OCCU	SON (FICANT CON ATION INDERLYING CAUSE OF DEATH (DICAL EXAMINER)	(c)	NTRIBUTING TO E	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [URY IN ITEM 10 PART	VERE FINDI	NGS USED S OF DEATH?
2) is marked or them 18 shows any injury, ar other	MEDICAL CERTIFICATION NO 10 10 10 10 10 10 10 10 10 10 10 10 10	DATE OF OPER ACCIDENT WAS U CONTRIBUTING F EITHER NOTIFY OCCU WHILE NOTIFY ORK	SE IGST. GNIFICANT CON ATTOM INDERLYING CAUSE OF DEATH DICAL EXAMINER) IRRED VORX (1) (this haspital)	21b. TIME OF HOUR A.A.P.A. 21b. PLACE C	INTRIBUTING TO E FINJURY A. MONTH DA A. DF INJURY et, FACTORY, OFFICE, F. deceased from 29	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b. IF YES, VIN CERTIFYIN YES [UNY IN ITEM 18 PART	VERE FIND III NG CAUSES 1 OR PART 2) COUNTY	NGS USED SOF DEATH? NO STATE
IT: If Nem 21 is marked or Nem 18 shows any injury, or other	MEDICAL CERTIFICATION NO 110-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	DATE OF OPER ACCIDENT WAS U CONTRIBUTING FETHER NOTIFY ME INJURY OCCU MILE NOTIFY ME CONTRIBUTING I CONTRIBUTI	GNIFICANT CON ATTOM CAUSE OF DEATH DICAL EXAMINER) RRED WHILE (I) (this hospital)	21b. TIME OF HOUR A.A. P.A. 21b. PLACE C (AT HOME STRI	INTRIBUTING TO E FINJURY A. MONTH DA A. DF INJURY et, FACTORY, OFFICE, F. deceased from 29	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	200. IF YES, VIN CERTIFYIN YES (URY IN ITEM 18 PART OWN	VERE FIND III NG CAUSES 1 OR PART 2) COUNTY	NGS USED SOF DEATH? NO STATE that (1) (we) causes stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR	CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR					
	,	Howard	E Gardner SR 7/17	83 150 AM					
0	3 SEX	X	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR	HOURS DATE HOURS MIN.					
7	75 BI	IRTHPLACE (STATE OR FOREIGN	The CITIZEN OF WHAT COUNTRY? 8. P. BALTIMORE CITY OR COUNTY OF	DEATH					
5		COUNTRY)	MARRIED NEVER MARRIED 1	C 1					
5		Maryland ITY OR TOWN OF DEATH		126. KIND OF BUSINESS OR					
多人	T	awson	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Josephs Josephs Retiral Retiral Engineer	Public Utilit:					
8/7		AL RESIDENCE (IF NURSING HOME OF		1					
東	M	laryland 10	ALTO. Baltimore VES NOX 14435 Kendi R	oad 21236					
1/1/1	14. FA	ATHER'S NAME	MIDDLE LAST SALDEN NAME	AST					
8 7	/	LRVIN	PART FORCES? THE SOCIAL SECURITY NO. 12 INFORMANT ADDRESS	TAYLOR					
dico		YES, NO OR UNKNOWN) (IF YES, GIV	INE WAR OR DATES	Rd 27					
E		Yes W	MITTISTY OF X100 (doughter) Rultim	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
en en		DADT I DEATH WAS CALICE	inly one couse per line for (o), (b), and (cl.) ED BY: LIFE CALIFE (a) Cardia - Resource tory Failure	BETWEEN ONSET AND DEATH					
ric ev		441 IMMEDIA	CAOSE (O/						
0 80		Conditions, if ony, which (b) Hypovolemic Shock							
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roth		underlying couse lost	10 Ruptured Aurtic Aneurysm						
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ig	CERTIFICATION	LA DAVE OF OREDATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, W	ERE FINDINGS USED					
00/	FICA	190 DATE OF OPERATION	O I I A I A I A I A I A I A I A I A I A	G CAUSES OF DEATH?					
\$ +	ERT	21a CCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART						
E	-	OR CONTRIBUTING CAUSE OF DEA	1747						
0 4	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION	COUNTY STATE					
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S THO			pitol) attended the degeosed from	\$3, tho (I) we) lost					
2 2 1			n						
f Hen	И	22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF	22c. DATE SIGNED					
		22d PHYSICIAN'S NAME (TYPE O	PHYSICIAN DIRECTOR PHYSICIAN OR PHYSICIAN TO THE PHYSICIA	1/1/1/83					
PORTAN		Day II E	CILL Mn 3701 Unport avenue	21695					
- IX	23a F	BURIAL, CREMATION, REMOVAL	L 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	20212					
	1	Burial		Md.					
	24 51	unica Quiliramoura o k		CE CICAPETADE					

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

9705 Belair Rd., Balto. Md. 21236

JUL 19 1983

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- November	3. SEX	MALE	4 RACE WHITE		MBER 21, 191		YRS MONTHS 0	AFS HOURS MI
	MA	RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIE	D NEVER MARRIED !	BALTIMORI		1
1	FC	ORT HOWARD	11. NAME OF HOSPITAL, NU.	RSING HOME C PRET ADDRESS) CENTER	FEER MOWST	d 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST BARBER		F-EMP.
58	30 S M 2	ass. Bir	or other institution give residence by inty 13t. City or the No. Ac	OWN	134 INSIDECITY LIMITS	299 W. M	01247 Main Stree	9999
57	NI	CHOLAS	MIDDLE GATIU		Franches	ea		epri
3		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES WW	IVE WAR OR DATES)		Richard P	n) ADDR • Gattuso/		nie, MD
event, th		PART I. DEATH WAS CAUS	only ane cause per line for (a), (b) SED BY ATE CAUSE (o) <u>CARDIO</u>		ORY ARREST		SETW	ROXIMATE INTERVAL EEN ONSET AND DEA
prior to burial, cremotic any injury, or other trai	ATION	Conditions, if ony, which gove rise to immediate cause a), stating the underlying cause tost PART 2 OTHER SIGNIFICANT MITRAL VALVUL 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	CULAR DISEAS RMINAL DISEASE OR COM 200 AUTOPSY?	<u> </u>	
8 shows	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		1216 HOW INJURY OCC	YES NO D	IN CERTIFYING CAU	NO 🗌
Hem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF D	ER) P.M.	DAY YEAR				
rked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFF	ICE FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATI
m 21 15 mg		above, (I) (we) (did) (did n	pital) attended the deceased from 12 12 12 13 13 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	y al		on death accurred on the c		
T. F		226 PHYSICIAN'S NAME (TYPE	ionaini han	н	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STA		13/83
IMPORTANT:			NARASIMHAN, M.	D.		CENTER, FOR	T HOWARD, M	D 2105
_	-(URIAL, CREMATION, REMOVA SPECIFY) Burial JNERAL DIRECTO		3c. NAME OF C	EMETERY OR CREMATOR View Cem.	Y 1238 LOCATION	ms,Birksh	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPELENE 3

REG. NO.

XC 05675636

FOR - STATE

REGISTRAR

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TIS OF DT BOOK CLINICAL MICCHES, VANO, FORT HOWARD, NE

THE RESIDENCE OF THE PARTY OF T

SECTION SERVICE

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within 24 hours often

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow etained by the haspital or attending physician

	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	7	6	3	3

	GISTRAR			CONTIN	ICATE OF DEATH	REG. N	0.
1. DECEAS		OHN OHN	WiĴ	Iliam GA	Sr. ULTHEY	20. DATE OF DEATH	7/21/83 25 HOUR
3. SEX	100 011		RACE Whi	ite S. DATE C		6 AGE (IN YEARS LAST BIR	
m	ale		CAU	MONIA	° 1 23	60	YRS.
7a. BIRTHP	LACE (STATE OR F	OREIGN 7b.				P. BALTIMORE CITY O	OR COUNTY OF DEATH
COUNT	irginia		USA	MARRIEI	NEVER MARRIED		e County
	R TOWN OF DEA	ATH 11.	NAME OF H	HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	IN 126 KIND OF BUSINESS
	monium			Maris Hospic	ce	Sales Rep	P WORKING LIFE) INDUSTRY AUTO
130. STATE		136 COUNTY		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Timonium	138. INSIDE CITY LIMITS?	13. STREET ADDRESS	way Rd., 21093
IVIA I	ryland_	Dalti	more	1 IIIIonitain	15. MOTHER'S MAIDEN NA		way 1cd., 210/3
	liam	MIDO	B.	Gaultney	Cora	WIOOFE	Barker
	DECEASED EVER			166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	21093
	Yes	(IF YES GIVE WA	W II	212-20-8546	Margaret N	M. Gaultney	, 312 Presway Rd
				line for (a), (b), and (c)	11101 1001		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	use (a), statin derlying cause		DUE TO, OF	R AS A CONSEQUENCE OF			
PAR		NIFICANT CON		ONTRIBUTING TO DEATH BUT		AINAL DISEASE OR CON	206. IF YES, WERE FINDINGS USED
PAR	OTHER SIGN	NIFICANT CON	196. CONDI	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
CERTIFICATION 150 To 15	DATE OF OPERA. ACCIDENT WAS UNCONTRIBUTING CONTRIBUTING	NIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER)	19b. CONDI 21b. TIME O HOUR A.I	ITION FOR WHICH OPERATIO IF INJURY M. MONTH DAY YEAR M. 19	N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
CAL CERTIFICATION	DATE OF OPERA: ACCIDENT WAS UNIC CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COURT	TION DERLYING CAUSE OF DEATH CAL EXAMINER)	19b. CONDI 21b. TIME O HOUR A.I P.J 21e PLACE (ITION FOR WHICH OPERATIO IF INJURY M. MONTH DAY YEAR M. 19	N WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled wowith the State Dept; of Health and Mental Hygiene prior to buriol, cremation, or removal

and the state of t Medward Stewarder . Street M. B. B. L.S. S. M. D. W. ALEXANDER TO THE TOTAL PROPERTY.

		CEASED NAME FIRST	M	IDDLE a	i	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
Section 3	TYPE	Mary Mary		eating				7 /	683	900
of the pa	3. SEX	Female	1. RACE WI	hite"	5. DATE C		6. AGE (IN YEARS LAST BIR	MI	ONTHS DAYS	IF UNDER 24
(M)	N C	RTHPLACE STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF V	VHAT COUNTRY?	MARRIE WIDOWE	DI NEVER MARRIED DI DIVORCED D	BALTIMORE CITY O	_	OF DEATH	
by th	10 CI	TOWSON OF DEATH		OSPITAL, NURSING FRACILITY, GIVE STREET A MARIS		PICE UNIT	12e USUAL OCCUPATION OF OF WORK FOR MOST OF HOMEMAKET	F WORKING LIFE!	INDUSTRY	Home
filled in	130. S			GIVE RESIDENCE BEFORE . 131. CITY OR TOWN		YES NO 🔀	13m STREET ADDRESS 1102 E.	Joppa	Road,	21204
ond 2 s	12	John There	WIDDLE	Gamore		15. MOTHER'S MAIDEN NA Marie	WE		Fab	år
Poges 1			MED FORCES? VE WAR OR DATES)	216-74-		17. INFORMANT . Dr. Frederi	ADDRE ick J. Geati		Baffor	21057
d by the attending physicia lease remove corban papers tal, crematian, ar remaval. or other traumatic event, the		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE METASTA AS A CONSEQUE	NCE OF		iscase			mate interva Onset and de
has been signer permit. Then plane prior to burn tws any injury, a	CERTIFICATION	PART 2: OTHER SIGNIFICANT (NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDIF	NGS USED
ding physician is certificate h burial-transit & Mental Hygier ar Hem 18 shav	AL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ALM	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR				.,,,
a Meri	EDIC	21d. INJURY OCCURRED	21e. PLACE C		But 575)	211 LOCATION	CITY OR TO	WN	COUNTY	STAT

STATE

REGISTRAR

ADDRESS 21057 Geating, 6 Bafford Ct.21057 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T ER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS K. R. Faulkner M.D. MARIS 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial 7-19-83 Lake View Memorial Sykesville, Balto, Maryland 24. FUNERAL DIRECTOR 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

CERTIFICATE OF DEATH

REG. NO

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

MD

DHMH - 16 50M 4/82 (VRA 15, 4)

FUNERAL DIRECTOR:

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should be detached with the State Dept

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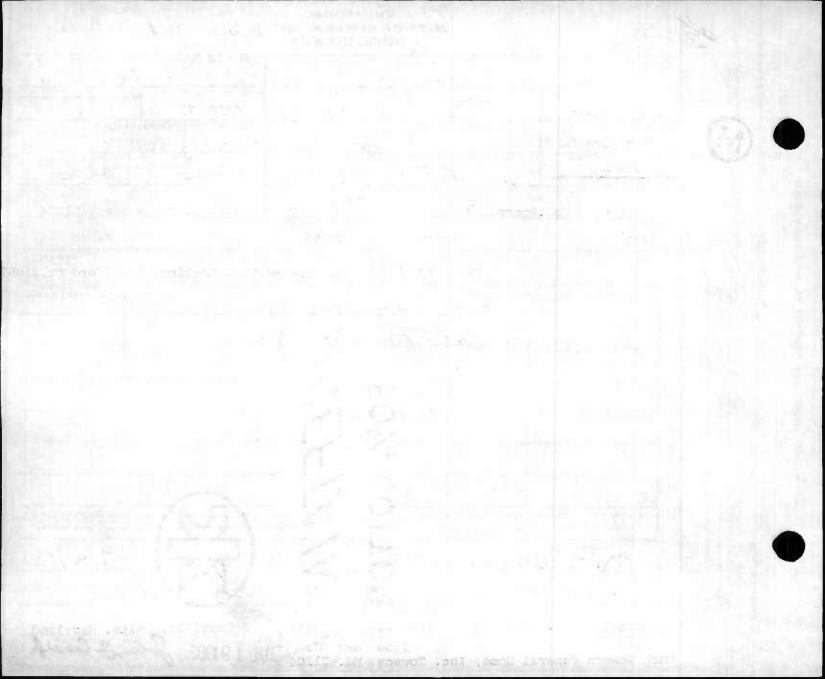
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

BP_ DHMH - 16 50M 4/ (VRA 15, 4)

-	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENS 3	0.
		CEASED NAME FOR	TARYA ? >	LEANOR	6	GENTRY (CM)	20. DATE OF DEATH	MONTH DAY YEAR 26 H
	3. SE	Female	4 RACE Whi	te	5. DATE C		6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOUR
35	· ·	RTHPLACE (STATE OF FOREIGN COUNTRY) Maryland	U.S.		WIDOWE			e County
58	-	Towson	St.	Joseph Ho	spita:	DR OTHER INSTITUTION	17a USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE	F WORKING LIFE) INDUSTRY
5	130. 5	AL RESIDENCE IF NURSING HISTORY TATE Maryland	ome or other institution county Baltimore	13c. CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2300 Dula	ney Valley Rd.2
30		William I	s P _{Modu} A. O Daniel	Gentry		15. MOTHER'S MAIDEN NA/	Ani Ani	
1	160 V	VAS DECEASED EVER IN U YES NO OR UNKNOWN) (IF	.S. ARMED FORCES? yes, give war or dates)			IT INFORMANT Mrs.L.G.Smith	401 Rosebar	
		Conditions, if any, whi	ch (b)_	OR AS A CONSEQUE	ENCE OF	2		TION PAR
	NOI	gove rise to immedic couse (a), stating t underlying couse la	DUE TO, toth he bits. DUE TO, DUE TO, (c)	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	
7	TIFICATION	gove rise to immedic couse (a), stating t underlying couse la	DUE TO, to the he but to the he conditions of the her to the he conditions of the her to	OR AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CONI 286 AUTOPSY? YES NO NO	
29	CAL CERTIFICATION	gove rise to immedia couse (a), stating to underlying couse to PART 2 OTHER SIGNIFIC	DUE TO, toth the he DUE TO, sst. (c) ANT CONDITIONS (s) 19b. CON NG (1) OF DEATH HOUR HOUR	OR AS A CONSEQUI	ENCE OF DEATH BUT OPERATION		200 AUTOPSY?	DITION GIVEN IN PART 1:0. 20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE YES NO
29	MEDICAL CERTIFICATION	gove rise to immedia couse (o), stafing to underlying couse la underlying couse la PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EX 21d. IN JURY OCCURRED WHILE NOT WHILE	DUE TO, the he DUE TO, sst. (c) ANT CONDITIONS (INC.) 19b. CON 19b. CON 21b. TIME OF DEATH AMMNER) 21e. PLAC IATHOME. (INC.)	OR AS A CONSEQUION OF INJURY A.M. MONTH D.P.M. E OF INJURY STREET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19	21c. HOW INJURY OCCURS 211. LOCATION 51 REE1	280 AUTOPSY? YES NO CED (ENTER NATURE OF INJUINATION TO CITY OR TO	DITION GIVEN IN PART 110. 288. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE YES
29		gove rise to immedia couse (o), stating it underlying couse to PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE NOTIFY MEDICALEX AT WORK NOTIFY MEDICALEX 22a.1 certify that 1/2 (the sow the decease of all obove, M (we) (did) (DUE TO, the he DUE TO, sst. (c) ANT CONDITIONS (INC.) 19b. CON 19b. CON 21b. TIME OF DEATH AMMNER) 21e. PLAC IATHOME. (INC.)	OR AS A CONSEQUION OF INJURY A.M. MONTH D.P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 FARM ETC.)	21c. HOW INJURY OCCURE 211. LOCATION STREET 18. 19. 8. 19. 8. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	280 AUTOPSY? YES NO CED (ENTER NATURE OF INJUINATION TO CITY OR TO	DITION GIVEN IN PART 1:0. 20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE YES NO EVINITEM 18 PART 1 OR PART 2) WN COUNTY 18 19 83, that (1) the ond haur and from the causes
29		gove rise to immedia couse (a), stating it underlying cause la underlying cause la PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICALEX 21d. IN JURY OCCURRED) WHILE NOTHY MEDICALEX AT WORK AT WORK AT WORK AT WORK Sow the deceased of obove, 31 (we) (did) (22b. SIGNATURE)	DUE TO, other to the total tot	OR AS A CONSEQUION OF INJURY A.M. MONTH D.P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 FARM ETC.)	211. LOCATION 211. LOCATION STREET 19 30 40 40 40 41 41 41 41 41 41 41 41 41 41 41 41 41	280 AUTOPSY? YES NO CED (ENTER NATURE OF INJUINATION TO CITY OR TO	28b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE YES NO BY INITEM 18 PART 1 OR PART 2) WN COUNTY 18 19 83 Hot (I tele ond hour pind from the causes
29	MEDICAL	gove rise to immedia couse (o), stating it underlying couse to PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE NOTIFY MEDICALEX AT WORK NOTIFY MEDICALEX 22a.1 certify that 1/2 (the sow the decease of all obove, M (we) (did) (DUE TO, other to the total tot	OR AS A CONSEQUIO CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F AND THE DESCRIPTION OFFICE,	DEATH BUT OPERATION AY YEAR 19 FARM ETC)	21c. HOW INJURY OCCURR 211. LOCATION STREET 18, 19 10 d that in (mX (aur) apinion of	286 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUIT CITY OR TO APPLICAL STAF DIRECTOR PHYSIC	28b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE YES NO BY INITEM 18 PART 1 OR PART 2) WN COUNTY 18 19 83 Hot (I tele ond hour pind from the causes

Tell part of the fact of the f ANCERO, William Tolking Tolking Tolking of it is got words wheat of Closs to the one of the contract in TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dearestened by the hospital or attending physician.

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,	. 3	STATE REGISTRAR	11	LIT	1671	/	ICATE OF DEATH	REG. N			
	I DEC	CEASED NAME OR PRINT)	FIRST		MIDDLE HELX	in (SETTIER	The Date of Death.	7 27	83	10 A
/	3 SEX	×	4	RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 H
ouce	1	FEMALE		WHITE		DEC.		90	YRS		
24	CC	RTHPLACE (STATE OR FO	REIGN 71		WHAT COUNTRY	Y? MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C		DEATH	
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20	I4 FA	THER'S NAME		DDIE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE	1-1-173	LAST	
MI		GEORGE	Ŵ		YEATE	S	MARCIA	MIDDLE	G	DDWIN	
1		VAS DECEASED EVER I	NUS ARM		166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRI	55		
=		NO			212-01-	4979 0	MARYLAND MAS	ONIC HOMES	COCKEYS		MD.
other traumatic even		Conditions, if any, gave rise to imm	AS CAUSED IMMEDIATE which lediate	DUE TO, O	CERE RASA CONSEQ HYPE	ARO DUENCE OF	EMSLUE	PARDIO	R) VMS	1	MATE INTELLA MSET AND DE 16 - E
shows any injury, or other traumatic even	IFICATION	PARTI DEATH W. 5990 Conditions, if any, gave rise to imm cause to stating underlying cause	which lediate the last	BY: CAUSE (a) DUE TO, O (b) DUE TO, O (c) ONDITIONS C	OR AS A CONSEO	DUENCE OF O DEATH BUT	MASCUAL ENSULE Y TRHE NOT RELATED TO THE TERM IN WAS PERFORMED	208 AUTOPSY?	200. IF YES, W	IN PART 110 ERE FINDIN G CAUSES	GS USED OF DEATH?
m 18 shows any injury, or other traumatic even	CERTIFICATION	PART I. DEATH W. 5990 Conditions, if ony, gave rise to imm couse to. stoling underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND	AS CAUSED IMMEDIATE which ediate go the lost IFFICANT CC	DUE TO, O DUE TO, O (c) DNDITIONS C: 216 TIME C	OR AS A CONSEO ONTRIBUTING TO	DUENCE OF DUENCE OF ODEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	200. IF YES, W IN CERTIFYIN YES	IN PART 1(o	GS USED
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ORTANT: If Item 21 is marked or Item 1	MEDICAL	PART I. DEATH W. 5990 Conditions, if any, gove rise to imm couse 101. Stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING CE CITY OF CONTRIBUTING CE EITHER, NOTIFY MEDICAL AT WOIL 22a I certify the decesse obove, (1) (we) (1) (we) (1) (we) (272 b SIGNATURE) 274. PHYSICIAN'S NA OF ALT A	which dedicte the lost which dedicted the lost which dedicted the lost which dedicted the lost which dedicted the lost which ded	BY. CAUSE 10) DUE TO, O (c) DUE TO, O (c) ONDITIONS C 196 COND 216 PLACE (AT HOME, ST View the body	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OF INJURY REET, FACTORY, OFFIC TO GREEN FACTORY, OFFIC OF INJURY REET, FACTORY, OFFIC OFFICE decition OFFICE ACTORY OFFICE ACTORY OFFICE ACTORY OFFICE OFFICE ACTORY OFFICE	DAY YEAR 19 10, FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET 21l LOCATION STREET ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NO CITY OR TOO MEDICAL DIRECTOR PHYSIC	200. IF YES, WIN CERTIFYIN YES THE INTERNATION TO T	IN PART 1(0 ERE FINDIN G CAUSES (1) OR PART 2) COUNTY	GS USED OF DEATH? NO STATE that (I) (we ouses state
ANT: If Item 21 is marked or Item 1	WEDICAL AND A SECOND AND A SECOND A SEC	PART I. DEATH W. 5990 Conditions, if any, gave rise to imm couse (a). stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOT IN AT WORK AT	which dedicte the lost which dedicted the lost which dedicted the lost which dedicted the lost which dedicted the lost which ded	BY: CAUSE 10) DUE TO, O LO DUE TO, O (c) ONDITIONS C 196 COND 196 COND 216 PLACE (AT HOME, ST View the body 236. DATE	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE TO GOOD TO THE METERS OF THE METE	DAY YEAR 19 10, FARM, ETC.) 11, NAME OF C	NOT RELATED TO THE TERM IN WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET 19 nd that in (my) (and opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the d	20% IF YES, WIN CERTIFYIN YES [RY IN ITEM 18, PART WIN TEM 18, PART	IN PART 1(0 ERE FINDING CAUSES (1) OR PART 2) COUNTY 22c. DATE: 27c. DATE:	GS USED OF DEATH? NO STATE that (I) (we) ouses states

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MPORIANT: If them 21 is morked or them 18 shows

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove corban papers: F with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH-16 50M 1/81 (VRA 15, 4)

1 -	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	1 7	6 3	1
	CEASED NAME (OR PRINT)	John		illiam	_	eller	July 2	MONTH DAY	83	26 HOUR A
SE	* Male		4 RACE Whit	e	5. DATE C		6. AGE (IN YEARS LAST BE		UNDER I YEAR	F UNDER 24 HRS HOURS MIN
a. Bi	RTHPLACE (STATE O		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C			MD.
	Dundalk		8015	Park Hav	en Ro	or other institution	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE)		F BUSINESS OR
30 M	al residence (IF NU State aryland	PRINCIPOLINA MALE OUT	imone	130 CITY OR TOWN	N	13d INSIDE CITY LIMITS? YES NO 🔀	130 SURFET ADDRESS	k Haven	Road	21222
4 FA	John	2	oseph	Goeller		15 MOTHER'S MAIDEN NAM Catherin	ME MIDDLE		Knon	
6a V	VAS DÉCEASED EVE	1955	war or dates)	215-32-7	310	Garnet (. Goe	ller 8015	-00	ven Rd	. 21222
	PART I. DEATH Conditions, if on gave rise to it cause (a), stolunderlying cau	IMMEDIAT Iy, which mmediate fing the	DUE TO, OI	R AS A CONSEQUE	NCE OF				BETWEEN O	MATE INTERVAL MYSET AND DEATH
CERTIFICATION	PART 2 OTHER SIG	16 Cal	as En	Moneta	545	NOT RELATED TO THE TERM	INALIDISEASE OR CON	DITION GIVEN		
TIFIC							YES NO	IN CERTIFYIN		
AL	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEA	in .	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
MEDIC	WHILE NOT NAT WORK	WHILE	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	IRM, ETC)	211 LOCATION STREET	City OR TO	WN	COUNTY	STATE

27a | certify that (I) (this haspital) attended the deceased from

23b. DATE

7-26-83

sow the deceased alive on 1/1) obave, (1) (we) (did) (did not) view the body after death

that (1) (we) last

and that in (my) (our) opinion death occurred on the date and haur and from the causes stated

DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED STAFF

22e ADDRESS

231. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.

Dundalk

STATE

24 FUNERAL DIRECTOR

22k SIGNATUR

10 CITY OR TO Dune

14 FATHER'S N

160 WAS DECE

MEDICAL

Ma 7g. BIRTHPLACE

3 SEX

239 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

harles S. Zeiler & Son Inc. 6224 Eastern Ave 1111

7/ 13 3/ M = 3.5 1 1/ 12 2/ 12 x To serve the serve the server the 3.712 Bill DEADL CALL BOOK CONTRACTOR OF CON olve a parast product of the second product of Land . when you out of the own we till Bollett Manual to be and the second FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYQUENE 3 CERTIFICATE OF DEATH

3 5

						REG. NO.			
	ECEASED NAME FIR	51	WIDDLE	t	AST	20. DATE OF DEATH MON	YEAR	P 2b HOUR	2
	DA	WID_		- 1	GOLDBERG	JULY 14,		3:00	
3. S	EX	4 RACE	5.	DATEC	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA		EAR IF UNDER 2	24 HRS MIN
L	MALE	WHIT		OVE	MBER 11,1899	83	YRS		
7a.	BIRTHPLACE (STATE OR FOREIG COUNTRY)			MARRIE	DXX NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	4	
1	MARYLAND	U.S.		IDOWE		BALTIMOR			MD.
10.	CITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET ADD	RE55)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	PRKING LIFE) INDUST	ID OF BUSINES	55 OR
1	BALTIMORE UAL RESIDENCE (IF NURSING H		HURCH HILL		VE 21208	CLERK	POS	r offic	E
	STATE 13b.	BALTIMORE	BALTIMORE		YES NOXX	13% STREET ADDRESS 1332 CHURCH	HILL DRIV	/E 2120	08
14_	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
1	PHILIP		GOLDBERG		ANNA		ROSE	ENBERG	
160		.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDRESS	21208		
L	NO		216-44-339	7	MRS. FANNY GO	OLDBERG 1332	CHURCH HI		
	18 CAUSE OF DEATH IER PART I, DEATH WAS C	nter only one couse per AUSED BY:	r line for (o), (b , and ic	0	111 -	MT	DETWI	POXIMATE INTERVENO DE LA CONSET AND DE	DEATH
	4100 IMM	MEDIATE CAUSE (0)		- Ja	sto. Neuts	1111	به الماد	oden	_
	Continue		R AS A CONSEQUENC	E OF	nonay Art	Charace	2	Quea.	11.
	Conditions, if ony, whi	ote)			contain 1401	, parate		June	-11
	couse (a), stating to underlying couse la		R AS A CONSEQUENC	EOF	V			•	
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIE	ON GIVEN IN PAR	T Iro	
O									
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OP	ERATIO	N WAS PERFORMED		Ib. IF YES, WERE FIN		
T IF						YES NO	YES 🗌	NO 🗌	
	OR CONTRACTOR CALLER	OF DEATH HOUR A	M. MONTH DAY	YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART	2)	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	51	ATE
2	WHILE NOT WHILE [REET, PACTORY, OPPINE PARM	e (C)					
	22a.1 certify that (I) (this		he deceased from	79	, 19_27			, that (I) (w	
	obove, (1) (we) (did) (did not view the body	olter death.		nd that in (my) (our) apinion (death accurred on the date of			ted
	226. SIGNATURE	11.	Have the	,	DEGREE	MAEDICAL STAFF		ATE SIGNED	
	7	Tollows	~ /	no		DIRECTOR PHYSICIAN	7-	14-12	
	22d. PHYSICIAM S NAME	(THE DEPENT)			22e ADDRESS				
1		ICE SOLOMON			600 REISTER				
230	BURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	51	ATE
24	BURIAL ELECTOR SOI	7/15/8		ZUK	AMUNO CEM	BALTIMORE E REC'D. BY REGISTRAR 2564		MARYLAN	D
	010 REISTERST					JL201983	John Q	Carrie	4 -
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DHMH - 16 50M 4/82 (VRA 15, 4)

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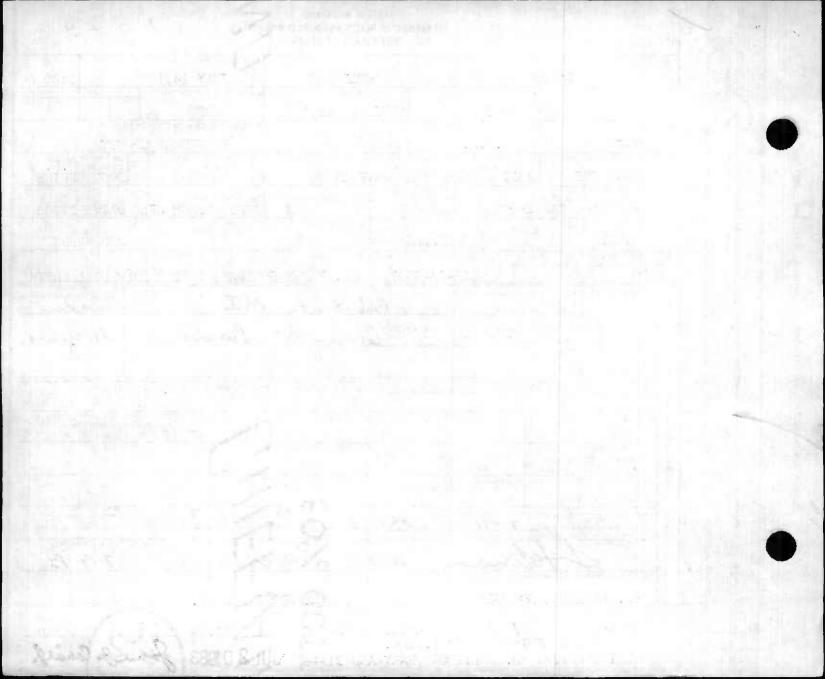
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the build-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other traumatic event, th

MPORTANT: If them 21 is marked or them 18 shaws any

ATTENDING PHYSICIAN. The law requires that the death certificate be

etained by the haspital or attending physician



FOR ANNA GERTRUDE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE®
CERTIFICATE OF DEATH

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	REGISTRAR GOT	IOD			481(11)			REG.	NO.		
	ECEASED NAME	FIRST		AIDDLE	-	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
3. SI		ma	Ger	trude	S. DATE C	nce		6. AGE LIN YEARS LAST	18	1983 I IF UNGER 1 YEAR	G A M
3. 3	Female		WHITE		MONTH		896	86		MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OF	OREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8			9 BALTIMORE CITY	OR COUN		
2	MARYLAND		U.S.A		WIDOWE		NARRIED DIVORCED	Bal	to.	Counti	MD.
42	OWSON		5tel	A FACILITY, GIVE ST	aris	DR OTHER IN	STITUTION	126. USUAL OCCUPA (TYPE OF WORK FOR MOS MANAGER	TION TOF WORKING	GUEEN INDUSTRY	REAM STOR
M	AL RESIDENCE (IF NURS	NI COUNT	FORD	BEL A	efore admission) OWN IR	YES 🗌	CITY LIMITS?	201 PRING	ETON	LANE (2	21014)
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2 160.	WAS DECEASED EVER		NED FORCES?	213-05		M. R			ress ame as	s 13e)	XIMATE INTERVAL LONSET AND DEATH
CERTIFICATION	Conditions, if ony, gave rise to imm cause (a), statin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAL	nediate g the last. NIFICANT CO	ONDITIONS CO		QUENCE OF		D TO THE TERMI	INAL DISEASE OR CO	NDITION 6		INGS USED
7	210. ACCIDENT WAS UND		21b. TIME OF	FINJURY	DAY YEAR	21c. HOW	NJURY OCCURR	YES NO		YES 🗌	NO [
MEDICAL	(IF EITHER NOTIFY MEDIC	RED	P.A 21e PLACE C		// 19	211. LOCAT		CITY OR	TOWN	COUNTY	STATE
	while Not what wolf 220.1 certify that (I) saw the decease obove, (I) (we) (c	(this hospital		(/)	9 or		, 19 y) (aur) apinion a	, ta leath occurred an the	date and h	naur and from the	
	226. SIGNATURE			3		DEGREE	ATTENDING PHYSICIAN		AFF SICIAN [274. DATI	E SIGNED
	Dr. Ed	die.	Nakhi	uda		77e ADDRE	SS				
	BURTAL	REMOVAL	23b. DATE 7/21/8	33	HOLY RE			PALTO.		COUNTY	MD.
	FUNERAL DIRECTOR NAME FORGE J. C	BALT		ADDRES	55		25e. DATE	REC'D. BY REGISTRA	R 25b, REG	ISTRAR'S SIGNA	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel should be detached for use as the burnal-transit permit. Then please remove carbonpopers. Pages 1 and 2 is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician.

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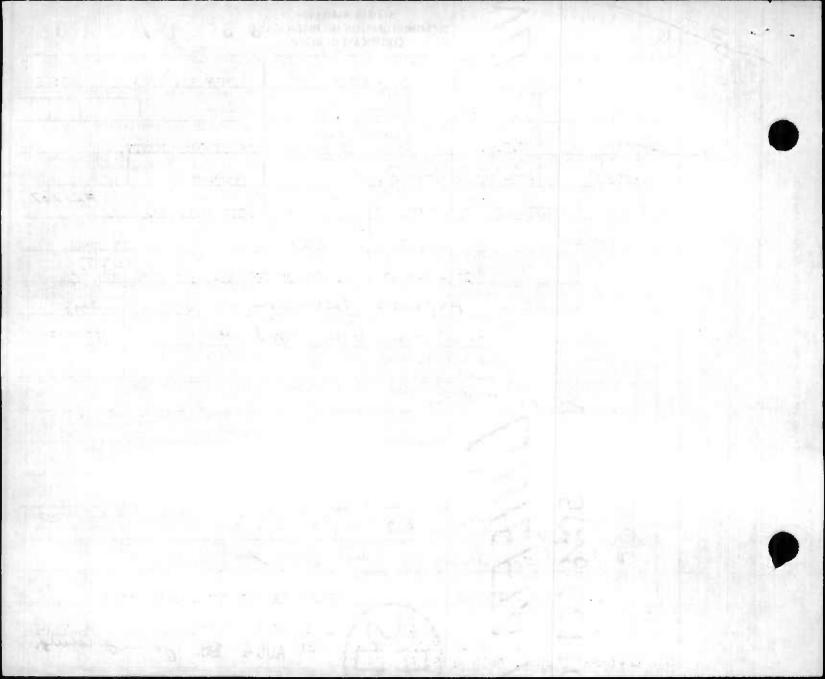
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 more retained by the hospital or ottending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director, poshould be detacted for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed within 72 hours other with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.	3. 5	7a.	10	U5 13e	US 130 N		160	-	MEDICAL CERTIFICATION
OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 mm ed by the hospital or attending physician. UNRAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director, in the detached for uses as the buriolations permit. Then please corbonopers. Pages 1 and 2 should be filled within 72 hours often the State Dept. of Health and Avenial Hygiene prior to buriol, cremation, or removal. REANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical examines must be notified as once.		2/	70			30	1	133	9
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	4 m	h. Poge		d in by		ond 2	nd co	rs. Po	NERAL DIRECTOR: After this certificate has been signed by the ottending phy: be detached for use as the burial-transit permit. Then please remove carbonpai e State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remov

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYG
CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	17	5 4	0
	CE ASED NAME	FIRST		MIDDLE	· ·	AST		MONTH DAY	YEAR	26 HOUR P
(TYPE	OR PRINT)	THELMA			G	OODMAN	JIII.Y 31	. 1983		3:35 M
3. SE			RACE		5. DATE C	F BIRTH	6. AGE IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	FEMALE		CAUCAS	SIAN	AUGUS	ST 2, 1915	67	YRS.	HS DATS	HOURS MIN.
(RTHPLACE ISTATE OR COUNTRY) naryland	FOREIGN 7	U.S.A.	WHAT COUNTRY?	8. MARRIEI WIDOWE	DIN DIVORCED	9. BALTIMORE CITY C		DEATH	MD.
_	ITY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION I	26. KIND OF	BUSINESS OR
F	PIKESVILLE			ILLE NURS		OME	HOUSEWIF		HOME	
USU/	AL RESIDENCE (IF NUR		THER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			2/207
	RYLAND		IMORE	BALTIMOR		YES NO N	3211 BLUE	HTLL RO	DAD	-1 201
14. F.A	ATHER'S NAME	м	IDDIE	LAST		15. MOTHER'S MAIDEN NA			LAST	
	ABRAH			ABRAN		SARAH	ADDR		INKNOW	N
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		WAR OR DATES)	216-01-2		MR. JULIUS ((2	21207)	OAD
		TAL C - A I				I MK. JULIUS (GOODMAN 321	I RLUE F		NATE INTERVAL NSET AND DEATH
	PART I. DEATH V	VAS CAUSED IMMEDIATE	BY:	A	alim	Preumeret	ij		day	
	Conditions, if ony	hiah	DUE TO, C	R AS A CONSEQUE	Game	brain Syn	dime		400	us
	gove rise to im- couse (o), stotil underlying couse	mediate ng the	DUE TO, C	DR AS A CONSEQUE	ENCE OF					
NO	PART 2 OTHER SIG	Dealel		ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN	N PART 1 o	
CERTIFICATION	19a DATE OF OPERA	9	-	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN		
ERT	21a. ACCIDENT WAS UN	DERLYING T	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR			OR PART 21	NO [
AL C	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A	M. MONTH DA	AY YEAR	The work occord	VED TENTER INTIONE OF 11990	R. III III II I I I I	047 ART 27	
MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	NAME .	COUNTY	STATE
¥	WHILE NOT W	HILE DRK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO		COUNT	STAIL
	sow the decease				2,01	nd that in (my) Jour) opinion	deoth occurred on the d	ote and hour an		hot (I we lost ouses stoted
	22b. SIGNATURE		Fre (4		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE S	IGNED
	22d. PHYSICIAN'S N					22e ADDRESS	DIRECTOR PHISI	LIAN		-
	н.	RONALI	FRIED	MAN		6715 PARK	HEIGHTS AV	ENUE 212	15	
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			17.17
	BURIAL		8-2-8	BE'	TH HAN	MEDROSH HAGODO	4		MA	RYLAND
24 FI	UNERAL DIRECTOR					TAND 2121 250. DAT	EREC'D. BY RECHSTRAR			
SO	L LEVINSON	V & BR					164 1980	0	•	

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL/DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed wi with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the hospital ar attending physician.

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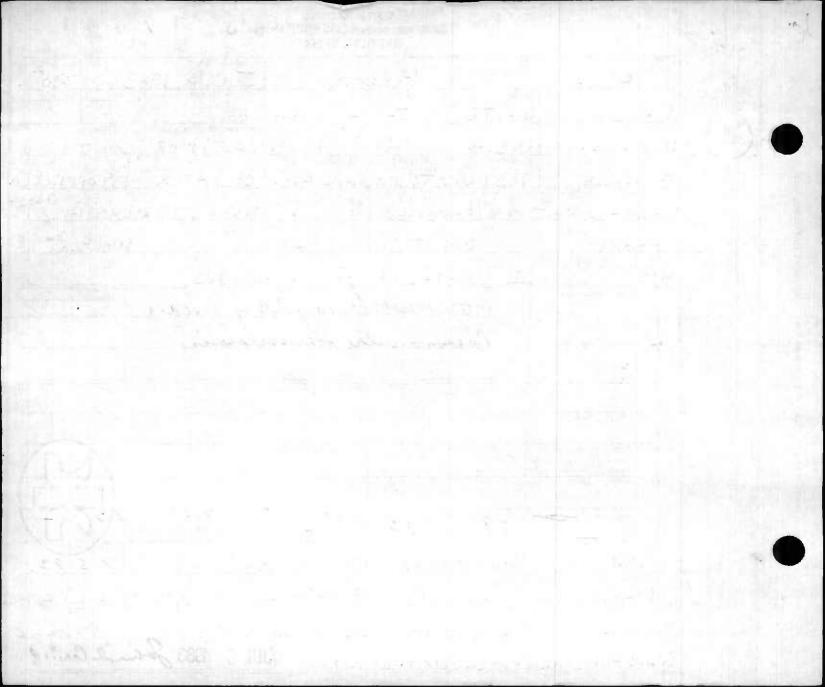
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

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11.	FOR STATE REGISTRAR	DEI AR	CERTIFICATE OF DEATH	REG. N	0.	
	CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY	YEAR 26 HOUR
LIAME	PRRA		GORDON	July 2	1983	9:30
3 SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	PHDAY) IF UNDE	RIYEAR IF UNDER 24 HR
10	1015	WHITS	JANUARY9 192	12	MONTHS	DAYS HOURS MIN
7a BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY O	PR COUNTY OF DE	ATH
10	COUNTRY	111 00	MARRIED M NEVER MARRIED	Balt m	085 (and I
18 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED DIVORCED [12a USUAL OCCUPATI	ION 13h	KIND OF BUSINESS C
R	ARKVILLE	7832 WEST	MORELAND AVE	(TYPE OF WORK FOR MOST C		CORMICK
	ARYLAND BAL	- O . V .		130 STREET ADDRESS	MORELA	DD AVE.
14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN			
1	HARRY	(20105	STSIO ISOA	WIDDLE	(1)	OLPSRT
	WAS DECEASED EVER IN U.S. AF		CURITY NO. 17 INFORMANT	ADDRE	SS	0/21/2/1
	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	3911 FAMILY	RECORDS		
	100 0	nly one couse per line for (a), (b).	3 1111 11111	17CCO ROS		APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	(b) Corsections Due to, or as a consection of the consection of t	DUENCE OF Attero	sclerosis		
NO	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF STELLAND SHELLED TO THE TE	CMINAL DISEASE OR CON	DITION GIVEN IN F	ART 110
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC		RMINAL DISEASE OR CON 200 AUTOPSY? YES NO	206 IF YES, WERE	ART 110 FINDINGS USED AUSES OF DEATH?
CAL CERTIFICATION	gave rise to immediate couse (0), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE ATH HOUR A.M. MONTH	CH OPERATION WAS PERFORMED 216 HOW INJURY OCC	20a AUTOPSY?	206 IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
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FOR - STATE

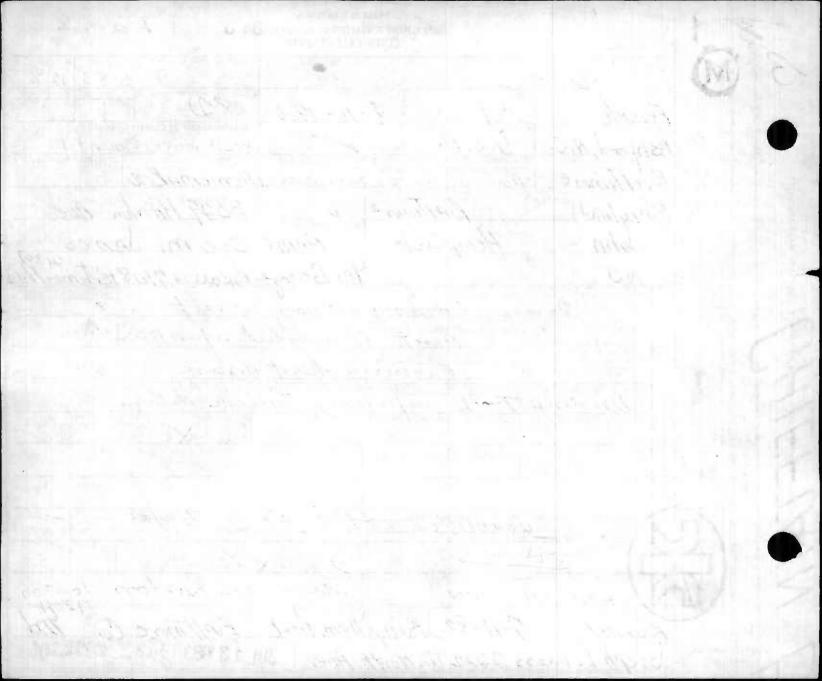
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH 28 DATE OF DEATH MONTH 2b. HOUR 05 a. A M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH more ount 12h, KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE! BETWEEN ONSET AND DEATH 本 lavs. THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 iabetic 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES I NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (aux) apinian death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 4/B2 (VRA 15, 4)

27c. DATE SIGNED



ector, page 3

nding physicion

FOR - STATE DEPAR

STATE OF MARYLAND	
RETMENT OF HEALTH AND MENTAL	HYGIN
CERTIFICATE OF DEATH	

17643

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME	NE LL		AIDDLE TY		IESSER	2e. DATE OF		M DAY 06	183	11:52P
3. SE	FEMALE	4	RACE WHIT	E	5. DATE C		6. AGE (INYE	ARS LAST BIRTHDAY		THE DAYS	IF UNDER 24 HRS HOURS MIN.
	irthplace (state or country) England		U.S.		WIDOWE		BALT	IMORE	COU	NTY	MD.
	TOWSON	X	GBMC-	6701 N.	^oCHA!	RLES ST.	120 USUAL C	CCUPATION K/Typ1	KING LIFE)		rageFirm
Ha.	al residence (if Nur STATE Maryland	SING HOME OR O		GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS?	13e. STREET A	Yoland	o Rd	21218	
14. F/)	ATHER'S NAME FIRST	Unknow	iddië	LAST		15. MOTHER'S MAIDEN NA	Unkno	MIDDLE		LAS	л
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	219-10-6		Mrs. Ann M.	Cumor	901 Li	tchfi		
	18 CAUSE OF DEATH V PART I. DEATH V 2 3 9 5	VAS CAUSED IMMEDIATE	BY: CAUSE (a)	ACUTE	RENA		6				MATE INTERVAL ONSET AND DEATH DAY
	Canditions, if any gave rise to im cause (a), statiunderlying cause	mediate ng the	(b)_			LAR NECROSI C ARREST	S				DAY
NOI	PART 2 OTHER SIG	ABDON	NDITIONS CO	HYSTERE	CTOM	Y-BILATERAL	SALP	NGO-0	OPHO	RECT	ÖMY
CERTIFICATION	7 - 01 -					AN TUMORS	20e AUTO			ERE FINDING CAUSES	OF DEATH?
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NAT	URE OF INJURY IN I	EM 18 PART	I OR PART 2)	
MEDICAL	21d INJURY OCCUR	HILE -	21e PLACE ((AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE, F		211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	22e.1 certify that (if saw the decease above, (i) (we) (ed alive an_	- /-0	6 19	22	2/-03 , 19	death accurred	on the date a	nd hour a		that (I) (we) lost couses stated
	Lenne	th:	D. Be	ferly	M.	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN		22c. DATE	51GNED -7-83
	KE NNE TH		BYERLY	, M.B.		GBMC-6701	N. Ch	HARLES	ST.		

23c. NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 4/B2

(VRA 15, 4) Mitchell-Wiedefeld

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician

Cremation
24 FUNERAL DIRECTOR

23e. BURIAL, CREMATION, REMOVAL (SPECIFY)

ADDRESS 6500 York Rd

236 DATE

7/8/83

23d LOCATION
CITY OR TOWN
Baltimore Greenmount Crematory | Baltimore | Md. | 250. DATE REC'D. BY REGISTRAR'S SIGNATURE | STATE OF THE STATE OF TH

COUNTY

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University director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYERNE 3

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	6	64	4

FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	6 4 4
1. DECEASED NAME (TYPE OR PRINT) Edga	r Herbert	Griffiths		26 HOUR 9 A. M
3. SEX Male	4 RACE White	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 85	IF UNDER 1 YEAR IF UNDER 24 HRS.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna,	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUNTY Baltimore	OF DEATH MD.
Baltimore	11. NAME OF HOSPITAL, NU HENOT IN SUCH FACILITY, GIVE S 6920 Donach	rsing home or other institution in the Rd. Apt. 1404	12a USUAL OCCUPATION (Type of work for most of working life US. Government	176. KIND OF BUSINESS OR INDUSTRY Government
USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CC Md.	e or other institution, give residence in the latting later and the latting later and the latting later and later an		6920 Donachie I	rd. 21239
14. FATHER'S NAME Edgar	MIDDLE Grif	fiths Emily	WIDDLE	Shaw
(YES NOOR UNKNOWN) (15 YES	COVE WAR OR DATES	security NO. 17 INFORMANT Ann Griffith	6920 Bonache ns Baltimore, M	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	NT CONDITIONS CONTRIBUTING		1200 AUTOPSY? 1206 IF YES	, MERE FINDINGS USED YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF ## EITHER, NOTIFY MEDICAL EXAM 21d, INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (this he sow the deceased alive	DEATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF on on view the Body after death.	DAY YEAR 19 211 LOCATION STREET Om Jilly 31 19 5 19 63 and that in (my) (our) opinion DEGREE ATTENDING	CITY OR TOWN To July 27. In deoth occurred on the date and hou MEDICAL STAFF	COUNTY STATE
011	PABLE UR		Ad BATTALON 23d LOCATION Marriottsville	MD- 21212 Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletel should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

Owings Mills, Md.

250. DATE REC'D. BY REGISTRAR 256 ARGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE 3

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ı	FOR STATE REGISTRAR	DEPARTMENT OF H	EALTH AND MENTAL HYD	REG. NO.	1040	
4	I. DECEASED NAME ETHEL ETHEL		oss Oss	20. DATE OF DEATH MO	7 14 83 3	3 AM
4	Female 4 RACE	V	of BIRTH cil 25,1898	6. AGE (IN YEARS LAST BIRTHD	YRS.	UNDER 24 MRS
7	Hungary U.S	· A · WIDOWE		PA HO	County	MD.
1	TOWSON STE	HOSPITAL, NURSING HOME C ICH FACILITY, GIVE STREET ADDRESS! ILA MARICE	Hospice	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOMEMAKET	N 12b. KIND/OF BU PORKING LIFE) INDUSTRY	US INESS OR
	USUAL RESIDENCE (# NURSING NO. ICC COMMINISTRUTION 130 STATE 1 and	Gambrils	YES NO	13e STREET ADDRESS 470 Cox Ro	ad 21054	
2	Joseph MIDDLE	Ruppert	15. MOTHER'S MAIDEN NAM Rosa	MIDDLE	Tiemar	
2	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO QUINNOWN) (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 213-07-1143	John E welius	1 Chas. Ctr.		
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT	ents, Arten	isolerotia	THE YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED 216. PLACE (AT NOME. S.	OF INJURY 1.M. MONTH DAY YEAR 1.M. 19 OF INJURY IREET, FACTORY, OFFICE, FARM. ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET			STATE
	27a I certify that (I) (this hospital) attended to saw the deceased alive an above, (I) (we) (did) (did not) view the lead 27th. SIGNATURE 27d PHYSICIAN'S NAME (TYPE OF PRINT)	y affer death.	19 83 M that in (my) (aur) apinian d DEGREE ATTENDING PHYSICIAN 220 ADDRESS	death accurred on the date MEDICAL STAFF DIRECTOR PHYSICIAL	and haur and from the cause	
	230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 7-16-		emetery or crematory l Heart-Bowie	23d LOCATION CITY OF TOWN Bowie	COUNTY	STATE Md.
	74 FUNERAL DIRECTOR NAME Mitchell-Wiedefeld Home	ADDRESS	25a. DATE		REGISTRAS'S SINATURE	

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGILNE FOR - STATE CERTIFICATE OF DEATH REGISTRAR SHERMAN TECUMSEH GROSE REG. NO DECEASED NAME 2ª DATE OF DEATH ITYRE OR RRINTI 06 TVOSE herman ECUMSEH IF UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 4. SEX 22 1897 10 MALE WHITE 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY WEST VIRGINIA WIDOWED TO DIVORCED HE CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, DIVE STREET ADDRESS) TOWSON GBMC-6701 N. CHARLES SHIPPING CLERK USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 1136. COUNTY 13a. STATE 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 3487 McSHANE WAY MARYT AND BALTTMORE DUNDALK YES [NO w 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE FIRST MIDDLE UNKNOWN GROSE MISSOURI IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) LIE YES GIVE WAS OR DATEST 216.10.2995 NO REGINA D. SIMPKINS 702 SHETLEY RD 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY PNEUMON IA IMMEDIATE CAUSE to: CVA-ASPIRATION PNEUMONIA Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost.

24 HOURS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NONE 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20h IF YES, WERE FINDINGS USED 19a, DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX YES [NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART I ORRARE 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a.f certify that (1) (this haspital) attended the deceased from. 83 -6 sow the deceased olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

GBMC-670

PHYSICIAN DIRECTOR PHYSICIAN X

23d. LOCATION CITY OR TOWN

CHARLE

COUNTY

STATE

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126 KIND OF BUSINESS OR

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IF UNDER 24 HBS

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CERTIFICATION

22d PHYSICIAN SNAME (TYPE OF PRINT)

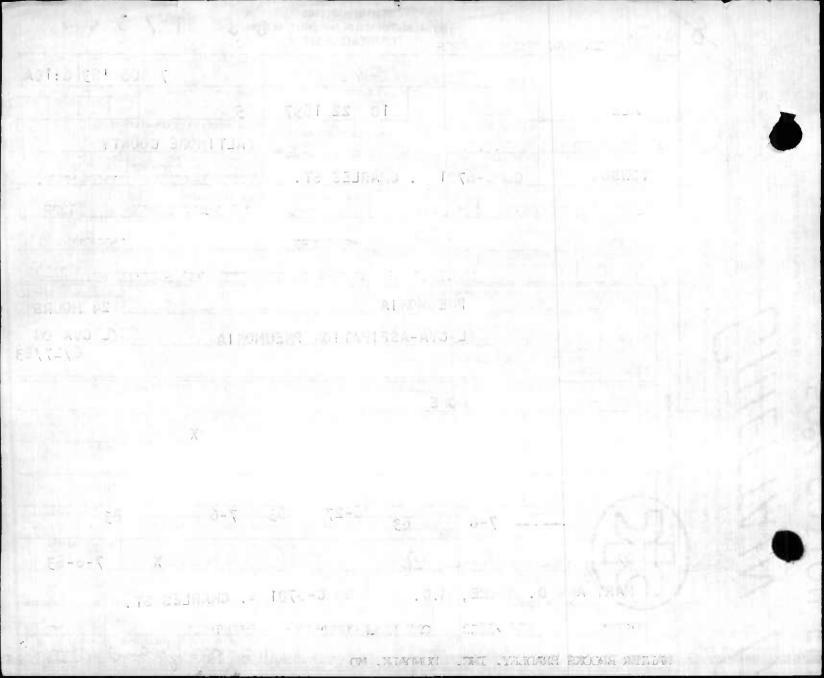
23a. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/82

BURIAL 7/8/1983 BP OAK LAWN CEMETERY BALTIMORE MD 24 FUNERAL DIRECTOR ADDRESS WALTER BROOKS BRADLEY, INC. (VRA 15, 4) DUNDALK, MD

MOORE. M.D

23b. DATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. I	NO.		
1. DECEASED NAME (TYPE OR PRINT) FIRST EDM	UND ERNEST	H	AGAN, SR.	20. DATE OF DEATH	7 24	83	6:28×
MALE	* RACE White	S. DATE C	18 DAY 1 917 AR	6. AGE (IN YEARS LAST E		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNT	WIDOWE		BALT I MO	RE COU	NT Y	MD
Towson	GBMC FACETOE	TREE NO DRESS CH	ARLES STREE	Steel-wo	OF WORKING LIFE)	Beth	Stee1
	DUNTY 136. CITY OR T Pasade	NWO	13d. INSIDE CITY LIMITS? YES NOX	708 209t	h St.	2112	2
James		gan	Lizzie	WIDDLE	DE CC		unn
No	GIVE WAR OR DATES!	3659	Mrs. Flor	1.0	RESS same Nagan	HIC	MATE INTERVAL
Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		QUENCE OF			20b. IF YES, V	VERE FINDIN	
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) this has saw the deceased arrea abave, (1) (we) (did) (did) 22b. SIGNATURE	DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF on on other death of the deceased from one of the pady after death.)	19 cice, farm, EIC.)	211. LOCATION STREET 211. LOCATION STREET , 19 83 rd that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN [122e. ADDRESS	CITY ORT	YES URY IN ITEM 18 PART	COUNTY 83, and from the	STATE that (I) (ve) lost causes stated
DR. R. NZ	E,M.D.	3. NAME OF C	GBMC-6701	N. CHARL	ES STRI	EET	
Burial 14 FUNERAL DIRECTOR		Baltim	ore Cemeter	CITY OF TOWN	nore,	R'S JONA	MD .

DHMH - 16 50M 4/82

BP.

APORTANT: H IN

24 FUNERAL DIRECTOR LIMITA ADDRESS
Singleton Funeral Home/Glen (VRA 15, 4)

STATE MD.

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de La Carre de La	AUS AUS ASSESSED		The letter with	

should be detached for use on the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be filled in by the with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

24 FUNERAL DIRECTOR

STATE OF MARYLAND	6 2	
DEPARTMENT OF HEALTH AND MENTAL HY LENE	3	
CEDTIFICATE OF DEATH	-	

17648

ı		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o.		
ı		CEASED NAME FIRST	MIDDLE		ASI	20 DATE OF DEATH	MONTH DA		26 HOUR O
Į		HNTOINE	Te E		ann		1	10-83	6 PM
	3. SE)	Female	4. RACE Wh. te	S. DATE C		6. AGE (IN YEARS LAST BIR	- American	FUNDER 1 YEAR	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN 24. 5.A.	TRY? 8 MARRIE WIDOWE	. /	Ba Itimo	RCOUNTY	MD.	MD.
	10. CI	TO WSO N	1). NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Stella		DR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOSTO	F WORKING LIFE)		F BUSINESS OR
	130. S	AL RESIDENCE (# NURSING HOME OR STATE 13b.COUN Lryland 1	ITY I3c CITY OR		YES NO	13. STREET ADDRESS	- BI	00K	Avenu
	K	THER'S NAME FIRST PN TO N	MIDDLE CHAST	lan	15. MOTHER'S MAIDEN NAM	MEDDLE	Tin	LIAS	pa
			MED FORCES? E WAR OR DATES) 220	SECURITY NO 44-72	17. INFORMANT FIZA	beth R	uar K		
	N N	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	EOUENCE OF	Myoeardi 10 nia	NAL DISEASE OR CONI	Furet	N IN PART LIC	D.
	CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM IQ PAR	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE ON WHILE OF AT WORK	218. PLACE OF INJURY	HOLI POLETCE	211 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
		270.1 certify that (1) (this haspit saw the deceased alive on above. (1) (we) (did) (did no	/		nd that in (my) (our) opinion d	, to, to			that (I) (we) lost couses stated
		22b. SIGNATURE	7	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	SIGNED
		22d PHYSICIAN'S NAME (TYPE O Eddie Nakhud			Stella Maris	Hospice			
	23e. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 8-2-1983	231. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltimor	:e	coun Mary	land ^{ATE}

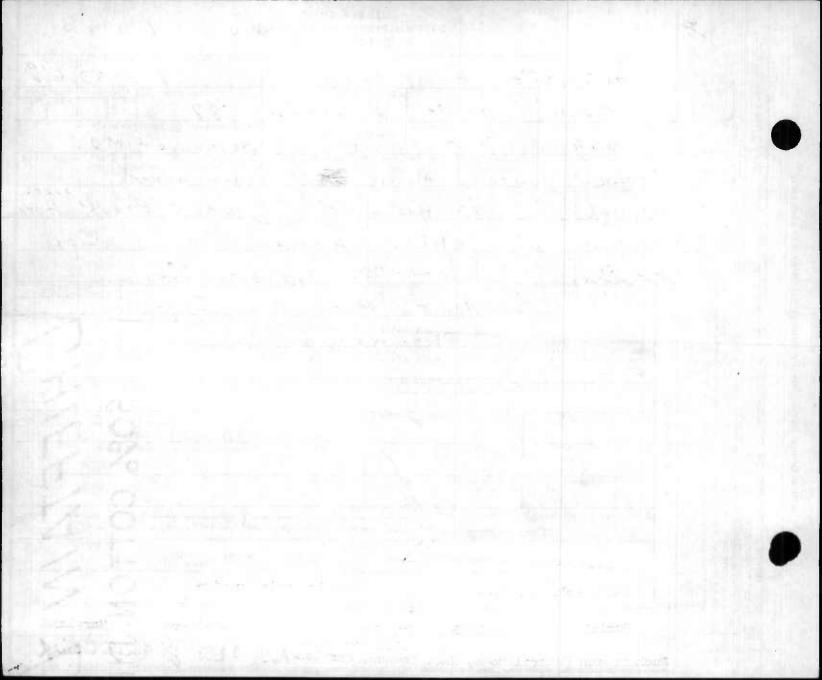
1050 York Road 250 DATE RECT TOWSON, Maryland AUG

Ruck Towson Funeral Home, Inc.

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the haspital ar ottending physicion

BP.



1.	FOR STATE REGISTRAR			DEPARTN		EALTH AND W		IENE 3	REG. NO		0 4	7	
	CEASED NAME	FIRST	MID	DIE		AST		26. DATE OF			AY YEAR	26 HO	UR
CITE		THERIN:	E PA	AULINE	HAL	LAMEYE	CR	JHIL V	20	1003		6.	30 M
3. SE		4 RAC			S. DATE C	F BIRTH			ARS LAST BIRT	HDAY)	IF UNDER I YEAR	# UNDE	R 24 HRS
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	TOWSON	(IF)	ST.	JOSEPH		PATAL		Hous				ome	
	AL RESIDENCE (IF NURS	UILCOUNTY	13	CITY OR TOW	N	13d INSIDE CI		13e STREET A	DDRESS				
-	ryland	Baltim	ore	2123	34		иоХХ	1809	Bri	arcl:	iff Ro	1. 2	1234
14. F	ATHER'S NAME FIRST	MIDDLE		Burns	3	15. MOTHER'S	MAIDEN NAM	ΑE	WIDDLE		LA	.51	
	WAS DECEASED EVER	N U.S. ARMED FO		SOCIAL SECU	RITY NO.	17 INFORMAL	VT .		ADDRE	SS			
	NO NO OR UNKNOWN)	(IF 1ES, GIVE WAR OF	- DATES	212-22-	8306	Willia	amG.Re	illy	29Do	wling	g Circ	le	212
	18 CAUSE OF DEATH	Enter only one o	ause per lir	ne for (a), (b), one	d (c) 1						APPRO) BETWEEN	ONSET AN	RVAL D DEATH
L)	PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUS	E (o) CA	RDIO R	ESPI	RATORY	FAIL	URE			2 D	AYS	
	4212			AS A CONSEQUE	1000111								
	Conditions, if any,	which	(b) A			ROTIC	CARDI	OVASCI	JLAR	DIS.			
	gave rise to imm couse (0), stating underlying couse		E TO, OR	NR ONSE BE	IACE OUT	TTIS OLON C	ADCTAL	OMA W	TH (CECAL	12	day	S
NO	PART 2 OTHER SIGN	IFICANT CONDIT	IONS CON	TRIBUTING TO D							EN IN PART 1	10	
CERTIFICATION	190 DATE OF OPERAT	ION 198	CONDIT	ON FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20s AUTO	PSY?		, WERE FINDS		
TH								YES 🗌	XCXON	YES		NO [
	210. ACCIDENT WAS UND		OUR A.M.	INJURY MONTH DA	AY YEAR	21c. HOW IN.	URY OCCURR	ED (ENTERNA	TURE OF INJUR	Y IN ITEM 18 P.	ART I OR PART 2)		
CAL	LIF EITHER NOTIFY MEDIC		P.M.		19								
MEDICAL	21d. INJURY OCCURR	(A)	PLACE OF	INJURY	ARM ETC)	211. LOCATIO STREET	N		CITY OR TOY	WN	COUNTY		STATE
2	AT WORK NOT WHI	K L											
THE WOOLE CO.									19.83	that X			
	sow the decease above, (I) we) (d	d olive onU L id) (did not) view	the body at	ter deoth.	83_, or	nd that in (Ky)	(our) opinion (death occurre	d on the do	ite and hau	and from the	causes st	tated
	276 SIGNATURE	el c	an	mer	-	LUIU A	TTENDING _	MEDICAL DIRECTOR	STAF	F IAN \square	27c. DATE	ESIGNED)
	224 PHYSICIAN'S NA	ME (TYPE OR PRINT)			-	22e. ADDRESS		,				Usa	
	B, DE	= -111111		D.		7620		RD		DWSON	, MD	21	204
236.	BURIAL, CREMATION, I					EMETERY OR C			ORTOWN		COUNTY		STATE
	Burial	Ju	1y23	, 83 Ho	lyRe	deeme	Cemet	ery B	alti	more	Mary	vlan	d

Johnson8521 Loch Raven Blvd.

JUL 2 2 1983

STATE OF MARYLAND

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR
William E

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter, tilling in by should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and I should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or ottending physicion

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or other traumatic event, the medical exon

page 3

(VRA 15, 4)

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ove corbanpapers. Pages 1 physicion

	ECEASED NAME FIRST PE OR PRINT) MART	33 8-17-83 cn MIDDLE TE S. HAMIT		FICATE OF DEATH	REG. NO. 20 DATE OF DEATH MONTH July 21, 198		2b HOU 6:4
3. SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER
	Female	White	Nove	mber^29,1899	83 _{YI}	MONTHS BATS	HOURS
70 B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	Y? 8. MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Baltimore City <u>or</u> COU Baltimore		
1	TOWSON	(IF NOT IN SUCH FACILITY GIVE STREE DULANCY TOWS	SING HOME (EET ADDRESS) ON NUT	or other institution sing Home	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN SCHOOL Teach	ng HEE) 175 KIND O INDUSTRY Balto	
13a.	JAL RESIDENCE (IF NURSING HOW STATE Maryland 3b Ba	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE TOWNSON	ORE ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS ROA	d, 21204	
I4 F	Unknown	MIDDLE SOPER		15 MOTHER'S MAIDEN NA	Unk nown	IAS	Т
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 213-03-		Bernard G. L	ink, 505 Blaus	tein Bldg	. 21
	PART I DEATH WAS CAL	NATE CAUSE (a)	2000	ma ann	ent	Mania	/
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ	sale	in from	ach conten	h	U de la
NOI	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS CONSED	DUENCE OF			h	
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	DUENCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION 1200 AUTOPSY? 1200. IF	h	IGS USER
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicial IMPORTANT: IF

DHMH - 16 50M 1/BI (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 7-23-83

23c NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

Woodlawn,

Maryland

STATE

24 FUNERAL DIRECTOR 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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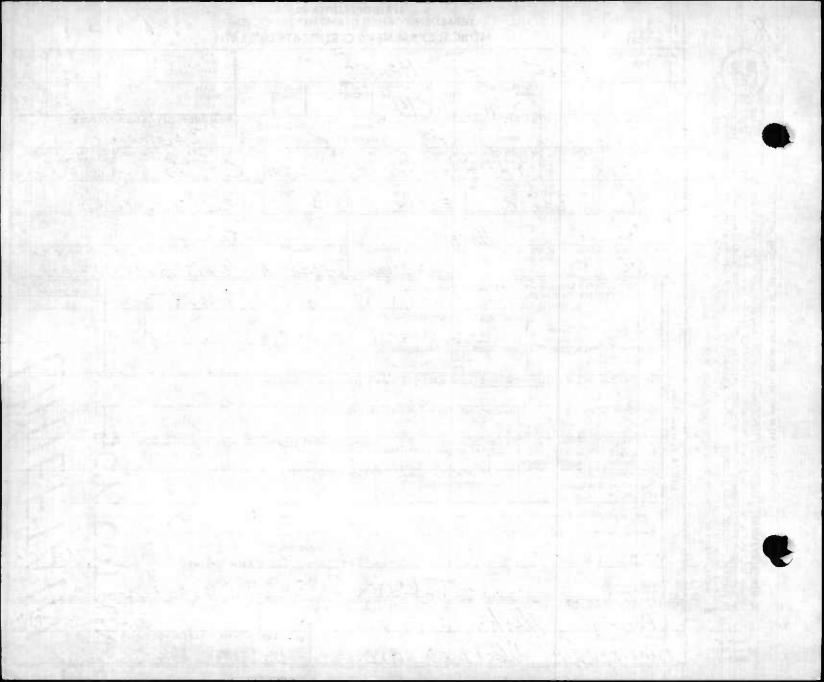
250, DATE REC'D. BY REGISTRAR 256 DISTRAR'S SIGNATURE

Buckey Downstyli making the

BP______ DHMH - 17 (VR A15 ME (5))

15M 7/77

SUBJECT STATE 13b COUNTY 13c CITY OR TOWN	I	FOR STATE			MENT OF HEAL	F MARYLAND TH AND MENTAL H	24 . 7	17	6 5	1
BETHPLACE (STATEOR TOWN OF DATA	I. DECEASED NAME	ROBERT	WIDDLE	11.	LAST	7e. DATE OF	KNOWN MO	1/7,	YEAR 75 HOUR 983 7 M	
TORIGON COUNTRY TORIGON COUNTRY TORIGON TORIGON COUNTRY		M	W 3	111 /04	YAS. MC		MIN PRONOUN DE AD	11		YEAR 24 HOUR
SSEX IT NOTIFIES NOTIFIED TO BASE ADDRESS Ś	FOREIGN COUNTRY MD		10.5 A	MA WIDO	OWED DIVORC	ED C	BALTO	·co	MD.	
136 STATEM 136 COUNTY 136 CETT OR TOWN 136 MISSER CITIED 136 STATEM 136 MISSER CITIED 137 MOTHER'S MADE: 136 MOTHER'S MOTHER'S MADE: 136 M	2	ESSEX	(IF NO	BRIDGE !	MOOL K	1 - 1	FOR MOST OF WORK	KING LIFE)	SEL	DOF BUSINESS INDUSTRY F-EMD
THE CAUSE OF DEATH (Enter only one couse per ligo for (a), (b), challe)		130 STATEMD.	136 COUNTY	I3c. CITY	OR TOWN	YES NO	9 BRID		RRD	21
18 CAUSE OF DEATH (Enter only one couse per lige for (g), (b), (b), (b) (d) (e).		CHARL.	E3	HARRIS	LAST	FIRST	11.11 M			AST
PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF		(YES, NO, OR INKNOWN)	(IF YES, GIVE WAR OR DA	(Va	KNOWN	DENNIS,	K. HARRI		TONRO	
DATE SIGNATURE STREET STREET CITY OR TOWN COUNTRIBUTING CAUSE OF DEATH P.M. 19		Conditions, if gove rise to couse (o) statilying couse lo:	WAS CAUSED BY: IMMEDIATE CAUSE Tony, which or immediate and the under- st. D	E (o) CLUB TO, OR AS A CON (b) TO OR AS A CON (c) CON	SEQUENCE OF	rdeac Cardeau	arre. ascular T	Disec	e e	EEN ONSET AND DEATH
DATE SIGNATURE STREET STREET CITY OR TOWN COUNTRIBUTING CAUSE OF DEATH P.M. 19	<	190. DATE OF OPE	RATION	9b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED?				UTOPSY?
AT WORK 22e. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ond in my opin death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE EXAMINER'S NAME	2	UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	P.M. PLACE OF INJURY	DAY YEAR 19 (AT HOME, 211.	LOCATION				
CREMATION //29/83 WESTVIEW //EM. BA-L' 24. FUNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR 1250 REGISTRAR'S SIG	18.2 miles	270. I certify the death resulted from ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	of I took charge of the room: Notural causes WOOC NOTHEO OF	remains described abo	ve, held on Aut Suicide [nopsy , Inspection , Inspection , ITILE (SPECIFY) , M.DADDRESS_34	Undetermined mo	ond in m	ny opinion	7/24/83 1222
TARLEY IF H. I CONTINUED ALLE		CREMAT) 24. FUNERAL DIRECTOR	F.H. 1	9/83 23C. N. ODDRESS F.	ESTVIEW	MEM.		15,		STATE MD-



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

Æ.	J	
-		

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

1	7	6	5	2

FOR STATE REGISTRAR		DEPAR		ICATE OF DEAT		REG. N	. /	0	3	6
I DECEASED NAME	FIRST	WIDDLE		LAST	I		MONTH	DAY YE	EAR	26 HOUR
(TYPE OR PRINT)	JOHN	cilbert		\IIC			7	7 0	33	2346 8
3 SEX	4. RACE	GIIDCIC	5. DATE	OF BIRTH		& AGE IIN YEARS LAST BIR	THDAY)	IF UNDER T	YEAR	IF UNDER 24 HRS
/ MALE	WHI	TE	MONTI 6		n6	7.7	YRS.		DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR FOR		WHAT COUNTRY	(2 8.			BALTIMORE CITY O			TH	
cou Maryland	USA		WIDOWI	DIVOR		BALTI	MORI	E COU	INT	Y MD
JE. CITY OR TOWN OF DEAT	H 11. NAME OF		ING HOME	OR OTHER INSTITUT		12a USUAL OCCUPATI	ON	12b. KI	IND OF	BUSINESS OR
TOWSON	ST	JOSEPH 1	S HOS	SPITAL		Racing Off	icia.			Racing
USUAL RESIDENCE (# NURSINI 130. STATE MARYLAN 14 W COLDSP	COUNTY	13c. CITY OR TO		134 INSIDE CITY LI		13. STREET ADDRESS	SPI	RING		21 1 A 2/2/3
14. FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	MIDDLE			LAST	
John	М.	Haus	3	Leidia	a	Florence	e	1	Down	
THE	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	217-09-		Mr.J.G. Ha	us Jr	ADDRE		Rd 212	20/	
				1-210141114	.45 01	. LOLO RUX	COIL		_	MATE INTERVAL
PART I. DEATH WA	(Enter only one couse per S CAUSED BY:	r line for (a), (b)	-		+			BETY	WEEN OF	1
4100 "	MMEDIATE CAUSE (a)	Cara	Nac	and	21					MUNK
TIOO		R AS A CONSEQ	UENCE OF	2~0	1 . /	- No			11	A MIA V
Conditions, if any,		myo	car	Bu as	roge	CANTO	1		10	10010
cause (a), stating underlying cause		R AS A CONSEQ	UENCE OF	uy 10	£ 14	Michel	10	1		
PART 2 OTHER SIGNI	CANT CONDITIONS C	ONTRIBUTING TO	DEATH	NOT PLATED TO	THE TERM	DISEASE OR CON	DITION	IVEN IN PA	RT 1(a	,
190 DATE OF OPERATION 210. ACCIDENT WAS UNDER	ON 196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		ES, WERE F		
DE L						YES TO NOAT	-	TIFYING CA	USES	OF DEATH?
210. ACCIDENT WAS UNDER	RLYING 216. TIME C	OF INJURY		21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJU			RT 2)	140
OR CONTRIBUTION C	USE OF DEATH HOUR A		DAY YEAR							
(IF EITHER, NOTHY MEDICA 21d. INJURY OCCURRE		.M. OF INJURY	19	211 LOCATION						
WHILE NOT WHILE AT WORK	E CAT HOME, ST	REET, FACTORY, OFFICE	E. FARM. ETC)	STREET		CITY OR TO	wN	COUN	TY	STATE
22a.l certify thos (1)	his hospital) attended th	he deceased from	n	laxely. 1	8	3, to July	>	. 19 8	3.1	tha (1) (we) lost
sow the deceased	dive on diview the body	Wy 7 19.	83.	nd that in (my) (our	opinion d	eath occurred on the de	ote and h	our and from	m the c	
226. SIGNATURE	Jaid hot view the body	offe death.		DEGREE	-			22t. [DATES	SIGNED
0	10%	. ()			IDING DE	DIRECTOR PHYSIC	FF		5/5	183
224. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	1	MA	12 ADDRESS	6/2	2 1/2 1	7	1 0.	,	, 0
Carl	S. Fr	redin	an T	11.1).	Tou	· San N	100	n DV	•	
230 BURIAL, CREMATION, RI	EMOVAL 23b. DATE		NAME OF C	EMETERY OR CREM		23d LOCATION				
Burial	7-11-			e Park Ce		Woodlawn	1	COUNTY		STATE
24 FUNERAL DIRECTOR	, 22		OLLAIII	c rain ce	25g. DATE			STRAR'S O	GN ATI	Md
Mitchell-Wie	defeld Hame	650000₹8	rk Rd	21 21 2	LJUL.	1 4 1983	lea de		, (10	may.

Mitchell-Wiedefeld Home 6500° Tork Rd 21212

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FLYE AL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funerity at actoched for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should berified without the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

WHOSTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examples halfied and

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			TIT TIME	BUAN	
ALERTON HOUSE TWO				ol To	
estimation of La of the Control		State No.		Dallar	
Au E MAZZETION E MI		ALTHURE	A.L. A.L.	DESTINATION .	
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the state of the s		2.61st, 7			
23/8/2					
.bv .oris c siro				rus allera.	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINE

17653

	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. NO).				
	CEASED NAME	FIRST		MIDDLE	l	AST				DAY YEAR	1	b HOUR	
{TYPE	OR PRINT)	Elizab	oeth	MAUDE	H	ayes			aly O	-	-	11:0	144
I. SE	x	4	RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT	HOAY)	MONTHS DA		HOURS 1	MIN.
	Female		W	hite	MONTH 8	16	1896	86	YRS.				
	RTHPLACE (STATE O	R FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8	D NEVER MAR	DIED [9 BALTIMORE CITY O					
Vi	rginia		U.S.	Α.	WIDOWE			Baltimore	, Cou	nty			MD.
	atonsvil		LIF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, CICK VIII	G HOME C	OR OTHER INSTITU		120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOMEMAL	F WORKING LI			BUSINESS	SOR
13a. S	al residence (# NU STATE aryland	N36 COUNT	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimos	N	13d. INSIDE CITY YES 🔀 N	LIMITS?	13e STREET ADDRESS 1024 Wick	low Ro	oad 2	122	29	
14. FA	Philip		H.	Brooks	S	15 MOTHER'S M		ME		Jon	LAST		
	WAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS				
- 1	NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	212-74-6	6768	Lois Ci	cemona	1024 Wich	clow F	Road	212	229	
z	Canditions, if or gave rise to it cause (a), sta underlying cau	mmediate ting the ise last	(b)	R AS A CONSEQUE	ENCE OF	NOT RELATED TO	THE TERM	INAL DISEASE OR CONI	DITION GP	VEN IN PART			
CERTIFICATION	90 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	PERATIO	IN WAS PERFORM	ED	200 AUTOPSY? YES NO	IN CERTI	S, WERE FIN	DINC	GS USED	12
MEDICAL CERT	216 ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEAT	P.	M. MONTH DA	AY YEAR		RY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART	2)		
MED	21d INJURY OCCU	WHILE O	(AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY		STA	ATE
	w the dece- poy. (I) (we 22b. SENATURE	osed alive an _) (did) (did not	view the body	7 195	3.0	DEGREE	ENDING /	death accurred on the de	FF		the co	igned (I) (we auses state	
	TAIRENC	E CALLA	CER M	D		ST. AG	NES M	EDICAL CENT	ER				

231. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

DHMH - 16 50M 4/82 (VRA 15, 4)

should be different with the Stole Del

230 BURIAL, CREMATION, REMOVAL

Burial

THE PROPERTY OF THE PROPERTY O

7/11/83

23b. DATE

1111 1 1 1002

Maryland

23d LOCATION
Baltimore

00:11 FROIT ,80 TER. this sore, County error to the graph of the second of the seco I Tallie a sva Risande, com 1991 ande cara de cenasium i FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY THE STATE OF DEATH

17654

1	REGISTRAR		CERTII	ICALE OF DEATH	REG. NO.		
T	. DECEASED NAME FIRST	MI	DOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
L	(TYPE OR PRINT) Isab	el :	D. HI	EALY	July 23, 19	183	6:00P M
P	1.5EX	4. RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR	HOURS AIN
L	Female	Whit	e Nov	7. 23 1920	62 _Y	RS DATS	HOURS MIN
2/2	FIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	D X NEVER MARRIED	9 BALTIMORE CITY OR COL		
4	Md.	U.S.	A. WIDOW	ED DIVORCED [Baltimore Co	ounty,	MD.
1	Baltimore		OSPITAL, NURSING HOME (FACILITY GIVE STREET ADDRESS) Klin Sqaure		17g USUAL OCCUPATION 17gs OF WORK FORMOST OF WORKI Seamstress	NG LIFE) THEE	
1	AL RESIDENCE (IF NURSING HOME IN STATE Md.	NTY	ive residence before admission) 34. CITY OR TOWN Baltimore	134 INSIDE CITY LIMITS?	4119 Raymo		ing Co 21213
4	FATHER'S NAME FIRST Francis	MIDDLE	oherty	IS MOTHER'S MAIDEN! Lillia		E	der
51	WAS DECEASED EVER IN U.S. A	NE WAR OR DATES	66 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	Sč	ame
1	no	THE WAN ON DAILES!	212-18-3036	George H	Healy (husband	d) addı	ress
Г	18 CAUSE OF DEATH (Enter of	ED DV				APPROX BETWEEN	ONSET AND DEATH
1		TE CAUSE (a)	Cardiorespira	tory Arrest			
1	0301	DUE TO, OR	AS A CONSEQUENCE OF				
1	Canditians, if any, which	((b)	Sepsis				
1	gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUENCE OF				
ı	underlying cause last.	((c) E	nterocutaneou	ıs Fistula			
1				NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1	a
4	Nutritiona 190 DATE OF OPERATION 7/12/83 210. ACCIDENT WAS UNDERLYING [
1	190 DATE OF OPERATION		ION FOR WHICH OPERATIO		INCI	FYES, WERE FIND I	
1	7/12/83		. Possible Ca	theter Seps	S YES NOY	YES 🗌	NO 🗌
	OR CONTRIBUTION C CAUTE OF OR		INJURY . MONTH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITE	A 18 PART 1 OR PART 2}	
1	IF EITHER NOTIFY MEDICAL EXAMINE	R) 3 P.M					
1	21d. INJURY OCCURRED	21e PLACE O	F INJURY T, FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK						
1	220.1 certify that X (this hasp				3	1983	that X (we) last
1	saw the deceased alive a abave, X (we) (did) (X (X)	of view the bady a	Iter death.		an death accurred on the date and	haur and fram the	causes stated
ı	226 SIGNATURE	Vini	A. 1.0.	DEGREE ATTENDING PHYSICIAN		1/1/2	3/82
1	27d. PH CIAN'S NAME (TYPE	OR PRINT)	,	22e ADDRESS		1	9,00
1	JOHN M.	VINCE.			lin Square Drive	21237	
2	Burial, cremation, removal (SPECIFY) Burial	7/26		emetery or cremator as of Fait	CITY OF LOWN	COUNTY	Mď.
7	HISCHIMUNEK FU				ATE RECID BY REGISTRAR & RE		TURE
	3331 Brehms			1 11	JL 27 1983 John	mg las	week
1	222T DICIIIIS	Haire,	Darco. Ha.				

DHMH - 16 50M 1/B1 (VRA 15, 4) Jun 9. 2, 2 Com 1

	9	. /	1	1
		V.	1	
1	7	0		
1				

STATE OF MARYLAND

1 - S	OR STATE REGISTRAR	DEP		CATE OF DEATH	YGIENE 3	17	5 5	5
1 DECE	ASED NAME FIRST Seth	W.	Heartfie	l d	20 DATE OF DEATH	7 6	VEAR 83	26 HOUR 12:35а
3. SEX	Male	4. RACE White	5 DATE O	8 96°	6 AGE IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
Nev	w York	7b. CITIZEN OF WHAT COUN USA	MARRIED		□ Baltimor	e County	/	MD
Co	ockeysville	Broadmead	13801 You		(TYPE OF WORK FOR MOST OF LXCULIVE	DE WORKING LIFE)	Ice	Cream
13m STA	RESIDENCE (IF NURSING HOME OR ATE 136 COUN Bal			13d INSIDE CITY LIMITS?	1301 Yor	k Road	2	1030
14 FATH	Frank	Heartfiel Heartfiel	ď	S MOTHER'S MAIDEN !	AMA HY 10 MIDDLE	es Ho	we	S
I YES	/MOLUB-//~/		3-9085A	17. INFORMANT Barbara Res	chke 13801 Yo	ork Rd 2	1030	
18	PART I. DEATH WAS CAUSED	y ane cause per line far (a), (I BY: E CAUSE (o) Respo		Arrest			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
1	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO OR AS A CONS	SEQUENCE OF 2 progra	chessive pul	monary feb	titial		
NO!		sia fautoi	moune	circulation	Antieoge		PART 11a	
CERTIFICATION 130	a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, WE IN CERTIFYING YES	CAUSES	GS USED OF DEATH? NO
	BB. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER		DAY YEAR	214 HOW INJURY OCC	JRRED (ENTER NATURE OF INJUI	RY IN ITEM IB RART LO	OR PART 2)	
#	Id. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FFICE FARM ETC)	21f LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE

view the bady ofter death

DEGREE 4. C

MEDICAL STAFF

IN DATE SIGNED

NOT WHILE

13801 York Rd 21030

236 BURIAL, CREMATION, REMOVAL Burial

AT WORK

July,

8, 1983 Dulaney Valley Mem.

• Cockeysville Balto.

aur) apinion death occurred on the date and hour and from the couses stated

Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion

or offending physician

etoined by the hospitol

BP.

ATTENDING

should be detached for use as the buriol-transit permit. Then please remove carbon page with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or remayal

IMPORTANT: If Hem 21 is morked or tem 18 sho

any injury, or ather troumatic event, th

please remove carbon pape

24 FUNERAL DIRECTOR 21212 Balto. Mitchell-Wiedefeld Home 6500York Rd.

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frer death. Pur

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

	/	0	2	
DEC NO				

REGISTRAR		CERTIFICATE OF D	REG	NO.	
. DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
ALICE	REBECCA	HEEMANN		7-17-83	9 PM
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY] IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
Female	White	ooth of,	1897 8685	YRS.	MIN.
O. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY?	AARDIED 9 BALTIMORE CITY	OR COUNTY OF DEATH	
Maryland	U.S.A.		VORCED Baltimor	e County	MC
O CITY OR TOWN OF DEATH		NURSING HOME OR OTHER INST	TITUTION 120. USUAL OCCUP		F BUSINESS OR
Towson	908 Breeze	wick Circle 212		Reta	ail
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. COI Maryland Bal		R TOWN 13d. INSIDE C	ITY LIMITS? 130. STREET ADDRES	ezewick Circle	21204
4 FATHER'S NAME			MAIDEN NAME		
John		rtin Ali	ce May		buck
60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMA		DRESS	
(YES NO OR UNKNOWN) (IF YES, C	21.3-0	9-4598 Mrs.D.	M.Wachter 908 Br	eezewick Cir.2	21204
Conditions, if any, which gave rise to immediate cause to: storing the underlying cause lost. PART 2 OTHER SIGNIFICAN' 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		SEQUENCE OF	TO THE TERMINAL DISEASE OR CO	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Z1c HOW IN	JURY OCCURRED (ENTER NATURE OF		NO []
00.000.000.000.00		H DAY YEAR			
OR CONTRIBUTING CAUSE OF THE STATE OF THE ST	210 PLACE OF INJURY (AT HOME, STREET, FACTORY,	0 PRICE, FARM, ETC.) 211 LOCATIC STREET)N CITY O	RTOWN COUNTY	STATE
220.1 certify that (I) (this has	pital) attended the deceased	from	_, 19, to	. 19	that (1) (we) los
sow the deceased alive	no wiew the body ofter death	19, ond that in (my)	(our) opinion death occurred on the	dote and hour and from the r	couses stated
226. SIGNATURE	Clade	AA . O DEGREE	ATTENDING MEDICAL S PHYSICIAN DIRECTOR PHY	TAFF SICIAN	SIGNED
22d PHYSICIAN'S NAME (TYPE Celiar	00/1	7. Mint 2 7/12	2 Harford Rd		
Burial Cremation, REMOVA Burial	7-20-83	23t NAME OF CEMETERY OR O	CITY OR TOWN	ore	Md.

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 m with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic

MPORTANT: If them 21 is morked or them 18 shows ony

Burial /-20-03 | IMMIATURE 1
24 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home6500York Rd

REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)

BP.

etoined by the hospital or ottending physician. TO HOSPITAL OR ATTENDING PHYSICIAN:

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGENE	3
CEPTIFICATE OF DEATH	_

3		7	5	5	
	3	3 1	3 17	3 176	3 1765

1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	THE 3	7 5 5	1		
	ECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR	2b HOUR		
(TYP	Alvin	Tagge	Half	enbein		7/11/83	8:25		
3 SE		Lesse 4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		AR IF UNDER 24 FRS		
	male	White	MONI	TH DAY YEAR	66	MONTHS DATE	5 HOURS MIN.		
70. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT C			9. BALTIMORE CITY O	R COUNTY OF DEATH			
	COUNTRY)		MARRI	/	1 2		01 0 17(1		
10 C	Balto. Md.	USA I. NAME OF HOSPITA	L NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON TIPE CON			
Ba	lto.	Multi Medi	GIVE STREET ADDRESS) Cal Nursir	ng Center	TYPE OF WORK FOR MOST OF		Y		
130	AL RESIDENCE (IF NURSING HOME OF STATE 134 COUR		Y OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	21	218		
		. City Ba	lto. City	YES NO	1424 North	gate Rd. Bal	to Md.		
	ATHER'S NAME Christian	MIDDLE Helfen	bein	15 MOTHER'S MAIDEN NA.	WE		(AST		
	WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17 INFORMANT	ADDRE		21619		
N	YES NO OR UNKNOWN) (IF YES, GIV	ZE WAR OR DATES) 216	-10-8793	Thomas Helfe	nbein Rt. #	1 Box 66B C			
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for i			,		DXIMATE INTERVAL N ONSET AND DEATH		
		TE CAUSE (b)	retast	afic (ar	cinon	en /	11-7		
	1	DUE TO, OR AS A C	ONSEQUENCE OF	Pa - n	4.	5 2			
	Canditions, if any, which gave rise to immediate	(b)		1/com /Ce	clun		years		
	couse (b), stating the underlying cause last	DUE TO, OR AS A C	ONSEQUENCE OF				/		
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
ō	lo a 1	retes	Mull	itus a	uu.	a			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	DINGS USED			
RTIF					YES NO	YES	NO 🗌		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 1 11 110	Y ONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)			
CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	3111	19						
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET FACTO		211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE		
	220.1 certify that (1) (this haspi	tol) oftended the deceas	ed from	10 10 75	10 7/4	10 80	, that (I) (we) lost		
	saw the deceased alive on abave, (1) (w) (dol) (did no	6/28	19 83	nd that in (my) (pur) opinion i	death accurred an the da	te and haur and from th			
	22b. SIGNATURE	00		DEGREE		22c. DAJ	E SIGNED		
	Han	least		ATTENDING PHYSICIAN	MEDICAL STAF	IAN 17/	12/83		
149	22d. PHYLLAN'S NAME (TYPE O	RPRINT)		22e ADDRESS			-		
	Dr. Koetter			7600 007 cm D	Torrage Ma	7 04001			
23o E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	17600 Osler D	123d LOCATION	d. 21204			
	Burial	7-14-83		Eville Cemeter		ville Queen	Anne Md.		
24 F	UNERAL DIRECTOR		+DDDree	25a DAT	E REC'D BY REGISTRAR	EGISTRAR'S SIGN	WURE .		
	Helfenbein Fun	eral Home Rt	#1 Box	66B Chester	tal 8 1883	for and	saury.		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

IMPORTANT: If them 21 is marked at Hem 8 shaws any injury, at ather traumatic event, the

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21	AIE	OF	mr	AL LAN	AND	

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1.	FOR - STATE REGISTRAR			DEPAR		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	1 7	5 5	8
	CEASED NAME E OR PRINT)	FIRST C lin t		MIDDLE		rickson	July 1	1, 198	T. ILM	25 HOUR A
3 SE	x lale		White		5. DATE O	DAY YEAR	6. AGE (INYEARS LAST B		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
W 19. C	IRTHPLACE (STATE OR F COUNTRY) Virginia ITY OR TOWN OF DEA		U. S.	MHAT COUNTRY A HOSPITAL, NURS HEACILITY, GIVE STRE	MARRIE WIDOWE	D NEVER MARRIED DED DIVORCED DE OTHER INSTITUTION	9 BALTIMORE CITY Baltimor 120 USUAL OCCUPA (TYPE OF WORK FOR MOST	e Co.	12b. KIND C	MD. DF BUSINESS OR
USU	COSSVILLE AL RESIDENCE (IF NURS STATE Md.	136 COUN	Frank.	lin Squ	iare I	I 13d. INSIDE CITY LIMITS? YES NO X	Aluminum :		Acadi 21162	
/	ATHER'S NAME FIRST	٨	AIDDLE	Hendric	kson	IS MOTHER'S MAIDEN NA	WE	Se	11.	51
(WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES)	215-16-		Mrs. Julia	Hendrickson			h Ave. 1, Md. 2116
z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b)							N IN PART 1(a,	
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, IN CERTIFY YES	WERE FIND IN	NGS USED 5 OF DEATH?
	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEAT	In .	F INJURY M. MONTH M.	DAY YEAR	21¢ HOW INJURY OCCUR		URY IN ITEM IB PAR	RT 1 OR PART 2)	
MEDICAL	WHILE NOT WHAT WORK AT WO	RK		REET, FACTORY, OFFICE	710	211 LOCATION STREET	CITY OR T	OWN A	COUNTY	STATE
	220.1 certify that (I) saw the decease obove, (I) (ye) (c 22b. SIGN ATURE	ed ative on did (did not	view the body	les / 10	0 6	nd that in (my) our) opinion of ATTENDING PHYSICIAN	, to death occurred on the comments of the com	AFF	and fram the	tha (i) we) lost causes stated
	Wyman Wo					6801 Bela:	ir Rd. Ba	1to.,	Md. 2	21206
	BURIAL, CREMATION,	REMOVAL	7-11-	1983	NAME OF C	EMETERY OR CREMATORY	East Both	t Bal	COUNTY	MSTATE

BP.

TO HOSPITAL

OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashauld be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the

DST PTHOLA

24 FUNERAL DIRECTOR E.F. Wassahn, 11750 Belair Rd. Kingsville, Md. 2108 7 JUL 1 5 1983

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(VR A15 ME (5)) 20M 4/82

10/1	- 5	OR TATE EGISTRAR		DEPARTMENT OF	HEALT	MARYLAND H AND MENTAL HY CERTIFICATE O	è nextru	REG. NO.	6	5 9	
{T		EASED NAME FIRST OR PRINT)	Cather	MIDDLE		LAST LV	76 DATE KNO OF ES DEATH MA	STI-	нтиом		AR 7b. HOUR
	er	MARY White	S DATE OF BIRTH MONTH 1 0AY Aug. 1 19	6. AGE (IN Y	EARS IF U	NDR IX NDER I YR. IF UNDER 2 THS DAYS HOURS		٨	AONTH	23 19 8 DAY Y	ZA HOUR
		THPLACE (STATE OR IGN COUNTRY) Th Carolina	76 CITIZEN OF WH		8. MARI	RIED NEVER MARRIE	BD 7 BALTIMORE	-			
1D.	CIT	YOR TOWN OF DEATH	11 NAME OF HOS	PITAL, NURSING HON CILITY, GIVE STREET ADDRESS!	E, OR OT		D Baltim 12a USUAL OCCUPATI FOR MOST OF WORKING Seamer	ION (TYPE OF	WORK		USTRY
	ST	RESIDENCE (IF IN NURSING HOME CATE 136 COUNTY Balt	OR OTHER INSTITUTION, GIV	PERESIDENCE BEFORE ADMISS 136. CITY OR TOWN Middle Ri	SION)		13e STREET ADDRESS 626 BOW	ley's	Qua	2 rter!	1220 s Rd.
14	FAT	HER'S NAME Julius Crea	MIDDLE	LAST		IS. MOTHER'S MAIDEI	ret	?		LAST	
	(YES	AS DECEASED EVER IN U.S. AR., NO. OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR OATES)	243 09 32		Trudy Mart	in Daughter				nk Rd. . 21220
No		Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS	(b)	Smoke inhal AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TER	OF OF		Υ 1 ισ				
CERTIFICATION		19a. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPE	RATION	VAS PERFORMED?				20 AUTO	
		210 EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIBUTING CAUSE OF	DEATH 12:37.M	x 7-23- 19 8	33 H	ow MUJURY OCCURRED	D LENTER NATURE OF INJURY I	IN ITEM 18 PAR	T I OR PAR	RT 2)	
MEDICAL	MED	TIM INJURY OCCURRED WHILE DOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY (ATHOME, TORY, FARM, ETC.)		ocation STREET 6 Bowleys QI	uarters Rd.			lto.	Md.
3		death resulted from. Notu ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT)	n M. Dixon	Accident X, S		Homicide TITLE (SPECIFY) A.D. Assistant ADDRESS 111 F	Undetermined monne	er ,		7-23	
730	. BU	RIAL, CREMATION, REMOVAL	7/26/83	Holly H	ו ונו	Memorial Gar	rdens Bal	timore	e Co		STATE
(5))	2	ral Directory of Pungar	Home P.	1407 Old Balto.,	East Md. 2	ern Ave DATER	2 5 1983	Solar Solar	RAR'S S	Calue	eff.

Market Committee All strategies of the last of the last of the greats Ten and the second of the seco Mark of Secondary Control of S

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 3 CERTIFICATE OF DEATH

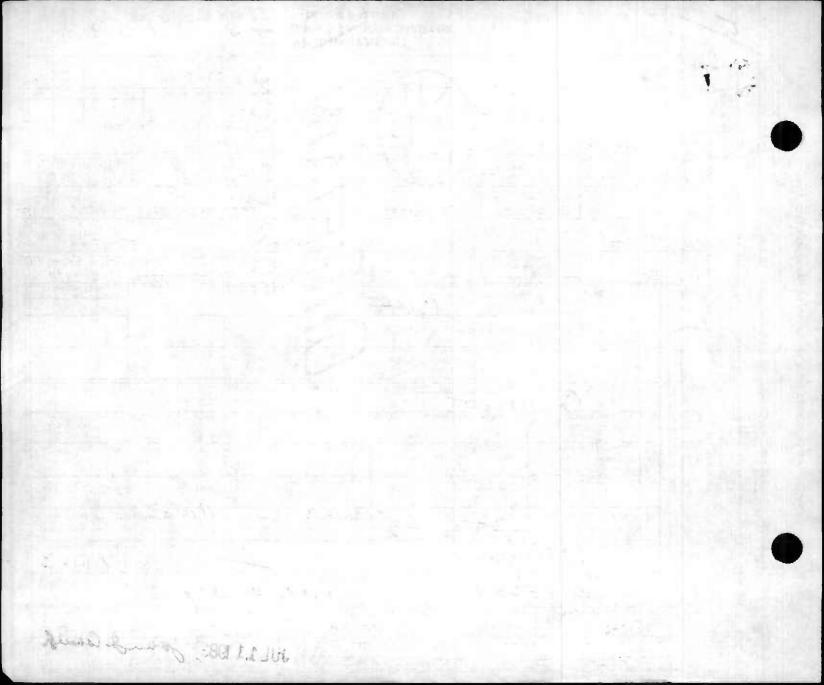
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1.	REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0.			
	CEASED NAME	IRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
1111	Margaret			H	enn	July 10, 1	983		8a.m. M	
3 SE	X	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BI	THDAY}	IF UNDER 1 YEAR		
	Female	Cauca	sian	Jul	y 13, 1897	85	YRS	MONTHS: BATS	HOURS MIN.	
70 B	IRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
	Maryland	U.S.	.A.	WIDOW		Baltimore	Cour	ıtu	MD	
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR	
Ro	andallstown		dian Nursi		enter	Homemake		LIFE) INDUSTRY		
USU 13a.	AL RESIDENCE (IF NURSING			ADMISSION)		13e STREET ADDRESS				
	MD	Baltimore	Reisters			1027 Gree	n Hil	12 Farm	Rd. 2713	
14 F	ATHER'S NAME	WIDDLE	1241		15. MOTHER'S MAIDEN NA	ME			2130	
V	Villiams		Adams		Catherine	WIDDLE		Bleuch	ler	
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMANT	1027 ADDR	Ess Gre	en Hill	Farm RD	
	No -		220-07-5	012D	Albert Henn			n, MD		
	18 CAUSE OF DEATH	Enter only one couse pe	r line for (o), (b) and	lic A					CIMATE INTERVAL ONSET AND DEATH	
	PART I. DE ATH WAS	CAUSED BY. MEDIATE CAUSE (o)	()	VA	•					
	431.0									
	Coordinate	DUE TO, OR AS A CONSEQUENCE OF								
	gove rise to immed	iote								
	couse (a), stating underlying couse	the DUE TO, C	OR AS A CONSEQUE	NCE OF				100		
	(c)									
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I								0	
CERTIFICATION	190 DATE OF OPERATIO	N Men CONIC	ATION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	205 IE VI	ES, WERE FINDIN	NOS USED	
FIC	THE DATE OF OPERATIO	UNITE CONC	MONTOR WHICH	OFERAIIC	IN WAS PERFORMED		IN CERT	IFYING CAUSES	S OF DEATH?	
ERTI	210. ACCIDENT WAS UNDERL	YING 1 216, TIME C	DE INTURY		Tal. How hilling occurs	YES NO		res 🗌	NO [
	OR CONTRIBUTING CAU			Y YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2}		
WEDICAL	(IF EITHER NOTIFY MEDICAL		.M.	19						
MED	216 INJURY OCCURRED	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC }	211 LOCATION STREET	CITY OR 10	WN	COUNTY	STATE	
	AT WORK AT WORK					1	1.5			
	22a I certify that (I) (th	-1/	he deceased from	3	13017-30	to	1193		that (1) (we) last	
		(did not) view the body	ofter death.	->. 0	nd that in (my) (our) opinion	death accurred on the d	ote and ha	iur and from the	couses stated	
	226. SIGNATURE	00000.			DEGREE		2011	22c. DATE	SIGNED	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							711	11143	
30	22d PHYSICIAN'S MAME (TYPE OR PRINT) 22e ADDRESS									
	W	ILFSO.	N		3501	W. 1500	un			
	BURIAL, CREMATION, REA	MOVAL 236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
	Burial	7/13/	183 Men	down	idge Cemetery	Elkridae	H	oward o	STATE MD	
24 FI			Funeral Di	irect	one TNC 250 DAT	E REC'D BY BEGISTRAR	250 RECUS	TRAR'S WENT	thilly	
8	728 Tihontu	Road Randa	1.7 etnin 1	Manut	and 21133 JU	F11 B02	0	-	1	

DHMH - 16 50M 1/8T (VRA 15, 4)

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MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medica TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



anding physicion and campletely filled in by the functol directif poge 3 carbonoopers. Pages 1 and 2 should be filed within 72

STATE OF MARYLAND

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- STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.	1561			
I. DECEASED NAME FIRST	MIDDLE	LAST	2ª DATE OF DEATH MONTH	DAY YEAR 25 HOUR			
(TYPE OR PRINT) MARIE	V.	HENNEGAN	71	83 8:00P M			
8" SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
Female	White	4 23 1894	89 YRS	MONINS DAYS MOUNS MIN.			
70. BIRTHPLACE I STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR COUN				
Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County				
10 CITY OR TOWN OF DEATH Towson	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST Manor Care X		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY			
USUAL RESIDENCE (IF NURSING HOME) 136 STATE 136 COU Maryland Bal	UNTY 13c CITY OR 1		13e STREET ADDRESS 223 Dumbarton	Rd 21212			
14. FATHER'S NAME Gottlieb	Schl Schl		MIDDLE	Meisenhelder			
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIALS 217–36		Hennegan 31 Theo	Lane 21204			
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	QUENCE OF TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART I (d			
Z O							
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO			
		DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM I	B PART 1 OR PART 2)			
OR CONTRIBUTING CAUSE OF D 210. PLACE OF INJURY (AT HOME, STREET, FACTORY OFF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
saw the deceased office of abave (1)(we) (did) (did	spital) attended the deceased from	9 83, and that in (my) our) opinion	death occurred on the date and h	our and from the couses stated			
22% SIGNATURE	1/1/10	DESPREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12c DATE SIGNED			
Wyman K.		6801 Belai	r Rd				

BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

IMPORTANT: If hem 21 is should be detached with the State Dept.

TO FUNERAL DIRECTOR: After this centificate has been signed by the attending physicion should be detached far use as the burial-transit permit. Then please remove carbon papers. P the burial-transit permit. Then please remove and Mental Hygiene prior to burial, cremation

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 7-5-83 23c. NAME OF CEMETERY OR CREMATORY Druid Ridge

23d. LOCATION

STATE

Pikesville Balto

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd 21212

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TTENDING PHYSICIA	pital

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OF PRINT) E. 3. SEX 4. RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF LINDER 24 HRS MONTH Female White Oct. 27, 1895 87 To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore Co. Pittsbueg, Pa USA WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MANOS CASE Ruxton 7001 N Charles Str Towson Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Balto. Reisterstown 210 Timber Grove 134 INSIDE CITY LIMITS? Md. Road NOF 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Felix Nicholson Bridget McNulty 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATEST 168-01-7588 Mrs. Marion C. Davies Reisterstown, M 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STREET STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) AT WORK NOT WHILE sow the deceased alive an above, (I) (we) (did told not) view the body of the death and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22h SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a BURIAL CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN STATE Burial St. Joseph Cem. East McKeesport

Reisterstown.Md

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 18 1983

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR:

and Mental Hygiene

of Heolth

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IMPORTANT: IF

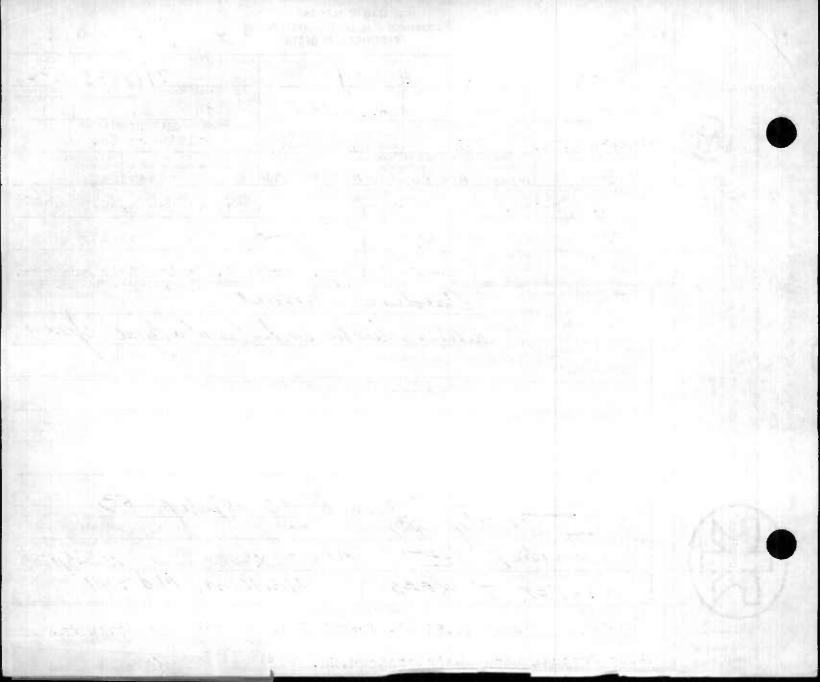
24 FUNERAL DIRECTOR

Eline Funeral Home

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burial-transit



STATE OF MARYLAND FOR STATE REGISTRAR

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

DEPARTMENT OF HEALTH AND MENTAL HYGENE 3
CERTIFICATE OF DEATH

						REG. NO).			
	DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HC	UR
	ELSIE		HE	KA	NAN		7 2	3 198.	3/1/3	SSAM
3	SEX	4 RACE		S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY	IF UNDER I YE		ER 24 HRS
	FEMALE	WHI	TE	OCTO	BER 26,1915	67	YRS.	MON1HS DAY	S HOURS	MIN
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DXX NEVER MARRIED	9 BALTIMORE CITY O	COUNT	OF DEATH		
L	MARYLAND	U.S		WIDOW	ED DIVORCED	BALTIMOR	RE COL	JNTY		MD.
m.	CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATE		126 KIND	OF BUSI	VESS OR
1	RANDALLSTOWN	BALTIMO			NERAL HOSPITAL	HOUSEWIFE	WORKING [II		HOME	
栖	STATE IN NURSING HOME	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				111	HOPE	
	ARYLAND	NIY	BALTIMOR		YES X NO	13e STREET ADDRESS	IE DD	A DIT	2 0	(2121
	FATHER'S NAME		DALITMUR	E	15. MOTHER'S MAIDEN NAM	6900 MARSI	DE DK	API.	2-6	(212)
4	FIRST	MIDDLE	LAST		FIRST	WIDDLE			LAST	
4	KALMAN		SWOGELL		TILLIE				BUGAT	CH
60	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDRE	SS			
	NO		215-07-3	980	JULIUS HERMAN	6900 MARSI	JE DR.	APT.	2-C(21215
г	18 CAUSE OF DEATH Enter of	nly ane cause per	line far (a), (b), and	IC.					DXIMATE INT	
L	PART I. DEATH WAS CAUS	ED BY:	ELLIDAT	117	VIENTDIMI	1LAR 71	20 UU		00	DOCALI
1	MALIO IMMEDIA	TE CAUSE (a)	-CUMIT	/ / /	VEIN INC	14/1/h //	12/17	CIKLI	//	
1	TIOO	DUE TO, OI	R AS A CONSEQUEN	VCE OF	150 1000	BUTTER.		1010	000	-
н	Canditians, if any, which	(b)	401116	EI	XIENSIVE	MINTERIL	DR_	1111-1	TRC	1161
н	gave rise to immediate cause (a), stating the	DUE TO OF	R AS A CONSEQUEN	NCE OF						
н	underlying cause last	(10)								
П	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIV	/EN IN PART	la	
18		TENG	1011					2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b IF YES, WERE FIND			VDINGS LISED	
l ä					THE TANKS THE STATE OF THE STAT		IN CERTIF	FYING CAUS	ES OF DE	ATH?
15		7 100 700 0	E la Lucioni		1	YES NO		S 🗌	NO	
100	an contramination [7] course or or		finjury M. Month da'	Y YEAR	21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM IS F	PART OR PART 2	1	
13	(IF EITHER NOTIFY MEDICAL EXAMINE		Μ.	19						
MEDICAL	21d INJURY OCCURRED	21e PLACE			21f LOCATION			COUNTY		
1 2	MILE NOT WHILE AL WORK	(AT HOME STR	EET, FACTORY OFFICE FAI	RM, ETC)	STREET	CITY OR IO	WN	COUNTY		STATE
П	220.1 certify that (1) (this hasp	ital) attended the	e deceased from		19	to		19	. that II	(we) last
П	saw the deceased alive a	,	19:	a	nd that in (my) (aur) apinian d	eath accurred on the do				, , ,
П	obove, () (we) (did) (did n	ot) view the bady,	ofter death.		DEGREE				,	-
ш	16607	2 1)	ATTENDING	MEDICAL STAF	F /	The DA	- /	
1	Afrifile of	(1)	(On 1)	/	PHYSICIAN [DIRECTOR PHYSIC		1/2	5/8	3
1	THE PHYSICIAN'S NIGHE INTO	DE TRIBUTE	/		22e ADDRESS			/	1	
1	HAFFFF7	A 50	151) m.	1)	BALIMORE	- COLLY S	1 30	EN to	051	0.
230	BURIAL, CREMATION, REMOVAL	236 DATE	23c. N	ME OF	CEMETERY OR CREMATORY	23d LOCATION				
	BURIAL	7/05/0				CITY OR TOWN		COUNTY		MAN week
	BURTAL.	7/25/8	3 1A11	7. CH	AIM CEM.	BALTIMORE			MARY	LAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT, If I

PRODUCED SERVICE THE THE PROPERTY OF THE EXPENSE SHEETER STEELS STEEL HIP ENTEN STONE THE REPORT OF THE PARTY OF THE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furn should be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

death. Page 4 may be

	1.	FOR - STATE REGISTRAR	RUTH L. H		NT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	1 7	6 6	4
		CEASED NAME Ruth	Len	a HERO	OLD '	AST	July 25,	MONTH DA	YEAR	11:58am
1	3. SE	x Female	White		OCT!	F BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
35		RTHPLACE (STATE OR FOREK	76. CITIZEN O	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore City o	County	FDEATH	MD.
57		sville 2123		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON IF WORKING LIFE)	126. KIND C INDUSTRY SUSINE	ss Office
35	13a. S	AL RESIDENCE (IF NURSING H STATE 13b. aryland	ome or other institution county Raltimore	130 CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NOCE	130. STREET ADDRESS	ZI Rivers:	22 ide Av	e.
Scoming 30	14. F	ATHER'S NAME FIRST John	Bosies	LAST		15. MOTHER'S MAIDEN NA FIRST Margare	ME Dietz	T.	LAS	
medical		WAS DECEASED EVER IN U YES NO OR UNKNOWN) (IF	S.S. ARMED FORCES? YES, GIVE WAR OR DATES)	VE WAR OR DATES)			mes Herald, Husband Same			
injury, ar other traumatic eve	Z	Conditions, if ony, wh gove rise to immediacause (0), stating underlying cause la	DUE TO, (b) ofte the bost. (c)	OR AS A CONSEQUEN OR AS A CONSEQUEN	y to	Ilmonary Arres Myocardial I	nfarction	DITION GIVEN	IN PART 100	2).
ui Auo smo	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDING CAUSES	
is morked or item 18 sh	MEDICAL CER	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM. 217. LOCATION				COUNTY	STATE		
is morked	W	while at work 22a I certify that A (this sow the deceased of obove, M (we) (did)	hospital) attended		uly	3 , 19 83 and that in (M (our) opinion	to JUTY 2	5, 19	83	that K(we) last
NT: If Item 21		226. SIGNATURE	lamore	ly ofter death. M - C		DEGREE ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC	FE/	22c. DATE	
MPORTANT		R. Cardar	none, M.D.			9000 Fra	nklin Squar	e Drive	2123	7

231. NAME OF CEMETERY OF CREMATORY Gardens Of Faith Cem

230 BURIAL, CREMATION, REMOVAL

retained by the haspital ar attending physicion

24 FUNDE AL DIRECTOR TUNE PA 1407 Old Eastern Ave. JUL 27 1983

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John & Cahrel

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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 2120	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after di	retoined by the hospital or attending ph
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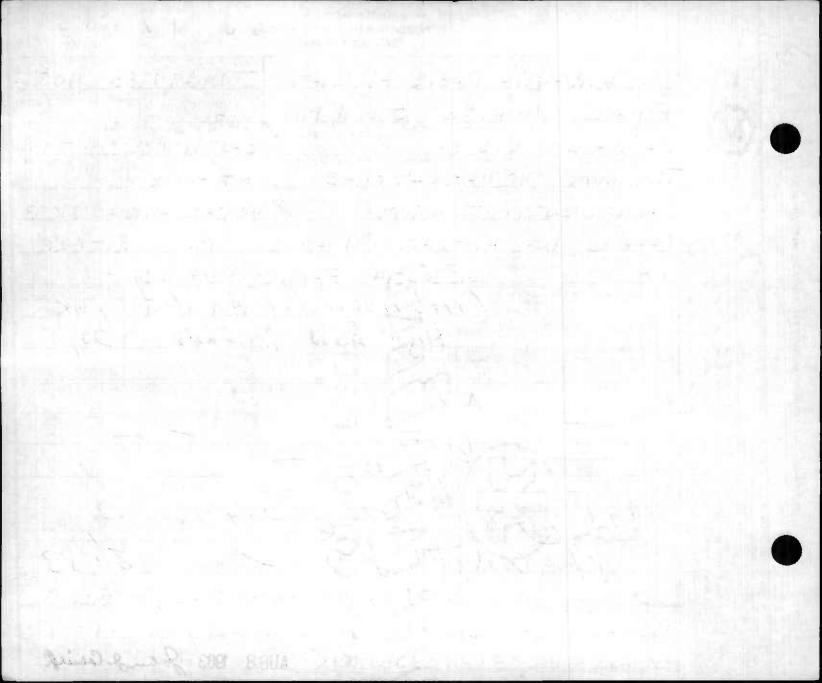
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG LIE CERTIFICATE OF DEATH	3	1	7	ò	6	S	
CERTIFICATE OF DEATH		REG. NO.					

1113	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH		7 0 0 3
	1 DECEASED NAME FIR	IST MIDDLE	LAST	REG. NO.	DAY YEAR 126 HOLIR
	(TYPE OR PRINT)	· 0 · 0 · 000	: 11- 0 × 00 0	To DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	VIRU	ZILLIA I HKI	MICHIAN	7072921	192 10
	3 SEX	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MUNITS DATE HOURS MI
	FEMALE	WHITE	2011 11 1311	bb YR	
Book	70. BIRTHPLACE (STATE OR FOREIC	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
20	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMO	PE COUNTY
pei	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS
500	limonium	40 OAKW	AY ROAD	AT Home	
st be		OME OR OTHER INSTITUTION GIVE RESIDENCE BE COUNTY 13c CITY OR TO		13e STREET ADDRESS	
政ジ	MARYLAND B		YES NO W	40 OAKWAU	1 ROAD 2109
a i i e	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	NAME	
130	CHARLES	IN- HickME	An MARIS	M.	RITGER
lool	160 WAS DECEASED EVER IN U		CURITY NO. 17 INFORMANT	ADDRESS	
medi	[YES NO OR UNKNOWN] [IF	YES GIVE WAR OR DATES)	2514 FAMI	14 RSCORD	51
the	18 CAUSE OF DEATH E	nter only one couse per the for rol. (b.	andic	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
e e	PART I. DEATH WAS C	AUSED BY	y 10,06 1046	r Accider	T /WK
fic e	4360		0/1		
OE 3	Conditions, if ony, whi	DUE TO, OR AS A CONSE	The Bland C	Prevars.	2051
or tro	gove rise to immedia	ote)	0		1
othe	underlying couse lo	ist.	DÜENCE OF		
ry. or		(c)	O DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
5	190 DATE OF OPERATION	10 1			
60 3	5 190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
No L	TT TT	No.		YES NO	YES NO
8 0	OR COLUMNIA I		DAY YEAR 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
Te a	(IF EITHER NOTIFY MEDICAL EX	Test	9 183		
200	(IF EITHER NOTIFY MEDICALEX 21d INJURY OCCURRED	218 PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
rked	WHILE NOT WHILE	Mo	ME	2/10	69
E s	220 I certify that (1) Whis	hospital) attended the deceased from	m	July 27	
21	sow the deceased of obove (1) the tidel (id por view the body of er death.	and that in (my) (our) opinio	on death occurred on the date and	hour and from the couses stated
#e a	226 SIGNATURE	9) 1+1	EGREE		THE DATE SICHNED
*	1/6/2	11 Som Vary	L AL LATTENDING	DIRECTOR PHYSICIAN	8/11/83
NA.	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	22e ADDRESS	5 June Cloud Little Clark	31
MPORT	DR RODOL	1 L. Bengoway	* R SR 10 111 AR	asa Rugo. 1	Cackensville
IMPORTA	23a BURIAL, CREMATION, REM	OVAL 236 DATE 23	RE NAME OF CEMETERY OR CREMATORY	23d LOCATION	W-1642117
178.1	CSPECIFY) -	000 11902 0	2017 MAGE COMMINE	CITY OR TOWN	COUNTY COOL STATE
	24 FUNERAL DIRECTOR	1400-11192 L	0 - 1260	ATE REC'D. BY REGISTRAR 25L REG	ISTRAP'S SIGNATURE
/81	C. C. O. C. II.	ADDRES		100 1000 7	La Comila
	CVANS LHA	LST OF 1 HIWS	2 9 292 10KK A	Uli 8. 1983	was where

DHMH - 16 50M 1/81 (VRA 15, 4)

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1	1-	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGUNE 3	7 6 6 6
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	H DAY YEAR 76. HOUR
		JOHN_	C	HILDEBRANDT		983 5:19A M
	3 SEX	m	4 RACE	5. DATE OF BIRTH MONTH S 2 4 / 1 2		MONTHS DATS HOURS MIN.
15		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
22		MD.	USA	WIDOWED B DIVORCED	□ BALTIMORE	
58		TOWSON	III. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR ST. JOSEPH I		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	
35	USU A 13a S	L RESIDENCE (IF NURSING HOME OF TATE 136. COL	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION) DWN 136. INSIDE CITY LIMITS	- 1 - 31 - 1 1	VERSIDE RD
nd:	14 FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	WIDDLE	LAST
101		HENRI	HILDE BRAN	DT LENA	LE1.SFE	FLI
		VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C		A 100 a	MULLEN S	28 CHAL COT SO
	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION (c) EPIDI	ESTIVE HEART FAI	A OF THE LUNG	N GIVEN IN PART To
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN IT	EM 18. PART 1 OR PART 2)
The do of	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOC ATION STREET	CITY OR TOWN	COUNTY STATE
2 I Is mo	3	220.1 certify that % (this has saw the deceased alive above, % (we) (did) (d)	pitol) attended the deceased from 07/30	m 0//23 , 19 8 ,	, 10	nd hour and from the causes stated
ANI: II IIGH		226. SIGNATURE Debra 226. PHYSICIAN'S NAME (17P)	T. abell	DEGREE ATTENDING PHYSICIAN 220 ADDRESS		77. DATE SIGNED 7430 /83
MINISTRAIN			BELL M.D.	7620 YO	RK RD BALTO	., MD 21204
A.FI		URIAL, CREMATION, REMOVA SPECIFY) BURIAL	AL 236. DATE /2/83	NAME OF CEMETERY OF CREMATOR	ER BALTS	
B2	24 FU	INERAL DIRECTOR NAME CONN	FLLL ADDRES	55 00 MACE 250	NO BEEST BY 1983 AR 114	EOSIRAR'S LIGHT HALL

300 MACE

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

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THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	
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e medicol examine must be harified at	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examine may
	should be detached for use of the burior transity permits, their process remove corporations, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
on and completely filled in by the functions. Pages 1 and 2 should be taked with	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the fune- should be described for use as the huministransis permit. Then please remove corbonopeers. Pages 1, and 2 should be likely with
(retained by the haspital or attending physicion.
be executed within 24 hours ofter death. Po	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Po
TIMORE, MARYLAND 21201	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGENE	3
CERTIFICATE OF DEATH	

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FOR 1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	66/			
I. DECEASED NAME Caroline	e HILGENBERO	G FAST	July 7, 1983	26 HOUR 12:45am			
3. SEX	4. RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS			
Female	White	June 13°1907 TEAR	76 YRS	ONTHS DAYS HOURS MIN.			
Departhplace (State or Foreign Country) Baltimore, Md.	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OF COUNTY OF DEATH Baltimore County				
10. CITY OR TOWN OF DEATH ROSSVILLE 21237	11. NAME OF HOSPITAL, NURSIN LIF NOT IN SUCH FACILITY GIVE STREET Franklin Squar	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (Type OF WORK FOR MOST OF WORKING LIFE) TOUSEWILE	126 KIND OF BUSINESS OR			
USUAL RESIDENCE IF NURSING HOME OF 120 STATE BACULAR DELLE		RE ADMISSION)		21221			
rather's name Charles Na	MIDDLE LAST	15. MOTHER'S MAIDEN N Mary Glo	MIDDLE	LAST			
160 WAS DECEASED EVER IN U.S. A			ADDRESS				
NO OR UNKNOWN) (IF YES, G	- 212 28 5	479 Shirley DeBi	raccio, Niece S	ame			
Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		JENCE OF	IN CERTIFY	N IN PART TO WERE FINDINGS USED ING CAUSES OF DEATH?			
			YES NOT YES				
OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH D	PAY YEAR 19	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT (OR PART 2)			
(IF EITHER NOTIFY MEDICAL EXAMIN	216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,		CITY OF TOWN	COUNTY STATE			
22a.1 certify that X (this has	n July 7 19	83, and that in (pd (our) opinio	n death accurred on the date and hour				
226. SIGNATURDAN	morkan		MEDICAL STAFF MEDICAL STAFF MEDICAL STAFF	7/7/83			
Dan Morhai	m, M.D.	220 ADDRESS 9000 Fra	ınklin Square Drive	e 21237			
230 BURIAL CREMATION, REMOVA	13h P/11/83 136	name of cemetery or crematory rraine Park Mauso	Leum CHY Bantimore	Mounty STATE			
Rruzdzinski Funer	al Home PA 1407	Old Eastern Ave J	ATÉ REC'D. BY REGISTRAR 251. PEGISTR UI 131983 Juli	LA Camela			

DHMH - 16 50M 4/82 (VRA 15, 4)

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	O MEDICAL EXAMINES: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECES	XECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 112M 18, GIVE PAGES 1, 2, AND 3 TO THE FORMS	age 4 should be forwarded to the Chief Medical Examiner along with form PM 3, Metain Page 5 FM	O FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGES TWAND 2 SHOULD BE FILED WITH	FTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DIVISION DESCRIPTION OF THE	
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1-	FOR STAT REGI	E STRAR		#18-22a m ME	DEPARTMENT OF DICAL EXAMIN	HEALT	MARYLAND H AND MENTA CERTIFICATE	OFDEAT	Н	REG. NO.	6	6 8	
	PE OR PI	ED NAME	FIRST		Elaine	41.00	LAST		DATE KN	F211	MONTH	DAY YEAR	26 HOUR
			DARLEN				MMELHEBER		DEATH M	ATED [7 2	28 19 87	
3 SE	X	4_R	ACE	5 DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD				RONOUNCE	ED	MONTH	DAT TEA	4:30
	ema		hite	Jan. 12	, 1957 26 Y	RS.			DEAD	RE CITY OR	7 2	28 19 83	Sla ^
FOREIGN COUNTRY) Maryland			JR.		HAI COUNIKY?		RIED KNEVER MA	ARRIED		_			
			EATH	U.S.A.	SPITAL, NURSING HOM			DRCED LIFE	laltin	TION (TYPE C	ounty	KIND OF E	BUSINESS
0		onsvill		(IF NOT IN SUCH FA	odbridae Rd.			-	ST OF WORKIN	IG LIFE)		OR INDUS	
ISU	AL RES		NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISS	ION)		Coo		-	R	estaur	ant
	STATE	wl and	136 COUN	timore	Catonsvi	110	134 INSIDE CITY LIMIT		7 ADDRESS	dbride	an Pa	ad 21	228
		Yland R'S NAME	1 081			TTR	IS. MOTHER'S MA				ie ko		220
Ž.	F	mst ominad	0.70	MIDDLE	Pioarut		Joan		MIDD	ИE		Larkin	
	WASI	ECEASED EV	ER IN U.S. AR	MED FORCES?	166. SOCIAL SECURIT	Y NO.	17 INFORMANT		120	4DF BT	ragon	Road	0
(YES, NO	NO.	(IF YES, GIVE	WAR OR DATES)	218-68-2	269	Robert	Larkin				, Md.	21136
	18	CAUSE OF DE	ATH (Enter on	ly one cause per line	e for (o), (b), and (c).)							APPROXIMA	ATE INTERVAL
	12	PART ! DEATH	WAS CAUSE	D BV	Methadone I:	ntox	ication			100		BETWEEN CH	IET AND DEAT
		304	0	(DUE TO, OR AS A CONSEQUENCE OF									
			f any, which o immediate										200
		cause (a) stat	ing the <u>under</u> -	DUE TO, OF	AS A CONSEQUENCE	OF							
				(c)									
NO	PART	2 OTHER SIGNIFI	CANT CONOLLIONS	CONTRIBUTING TO DEATH	DUT NOT RELATED TO THE TERM	AINAL DISEA	SE OR CONDITION GIVEN I	IN PART 1 a					
AT	19a.	DATE OF OP	RATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPS	Y?	
TIF												YES K	NO 🗌
MEDICAL CERTIFICATION	UNI	EXTERNAL CO DERLYING TRIBUTING	_		A. MONTH DAY YEA	21c F	OW INJURY OCCU	IRRED (ENTERNA	TURE OF INJUR	Y IN ITEM 18 PA	RT 3 OR PART	2)	
MEDIC	WH		URRED OT WHILE [OF INJURY (AT HOME, TORY, FARM, ETC.)		OCATION STREET		CITY OR TOWN		COUN	ITY	STATE
				ge of the remains de	scribed obave, held an	Auto	psy X, Inspe	ection .	Inquiry [], and	in my apin	lian	
1	de	ath resulted fi	om: Natu	ral causes X,	Accident . Su	ricide	, Hamicide	Undeter	mined mann	ner .			
	ACI	UAL	MAA	To	30		TITLE (SPECIFY	,			DATE	7 00	0.7
		NATURE	AND	X		/	M.D. Assista	ant_medic	AL EXAMIN	JER	DATE SIGNED.	7-28-	33
	EXA (TYP	MINER'S NAME OR PRINT)	AE Ann	M. Dixon,	, M.D.		ADDRESS11	1 Penn S	5†., Ba	alto.,	Md.	2120	1
23a E	BURIA	CREMATION	, REMOVAL		23¢ NAME OF CE	METERY	OR CREMATORY	23d LOC CITY OR	ATION		COUNTY	Y	STATE
21.1	Cre	mation		8/1/83	Westvi	ew M	emorial P	ark	Caton	sville	E STANIS CO	N N	ld.
					ke Funeral			UG 2 1	983	John	IKAK'S SIG	Calvel	4
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.
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STATE OF MARYLAND	
ARTMENT OF HEALTH AND MENTAL HYGENE	3
CERTIFICATE OF DEATH	13.

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1 -	REGISTRAR			-	CERTIF	ICATE OF DEATH	H	REG. N	2		13111	
	CEASED NAME	PIRST	M	HODLE	·	AST			MONTH	DAY YEAR	26. HOUR	
(TYPE	OR PRINTS MYR	A	L	3.	HI	NMAN	,	7/28/83	7-	28-83	12 %	M
3. SEX	F	0	ACE	unn	5. DATE C		AR	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS		MIN.
70.,BI	1 n //n	1. 1b.	CITIZEN OF W	WHAT COUNTRY	7 8. MARRIEI WIDOWE	D NEVER MARRIE		BALTIMORE CITY O	R COUNT	Y OF DEATH		MD.
PA	nd plb Town	- 1/		OSPITAL, NURS		OR OTHER INSTITUTION		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			OF BUSINESS	5 OR
SUL	AL RESIDENCE HE NURSH	OME		GIVE RESIDENCE BEFO 134 CITY OR TO		YES NO E	*	30. STREET ADDRESS	Cr	ee 15/9	Pand	-
5,	AMUEL AMUEL	MIE	DLE	mado	lox	15 MOTHER'S MAID PIRST	SEN NAM	A. MIDDLE		CANNE	S1	
	VAS DECEASED EVER II	N U.S. ARME (IF YES GIVE W		218-0	S-4331	MARTH.	a.H.	Smith 0		hmere 5 mil	Roa	d.
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CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATIO				N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			?	
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ME	WHILE NOT WHI	χ		EET, FACTORY, OFFICE		STREET		CITY OR TO	WN	COUNTY	51A	
	220.1 certify that (I) sow the decease above, (I) (w. C.)	d oliv	7/28 iew the body o	deceosed from	17,01		opinion de	eoth occurred on the de	ote and ha	our and from the		
	226. SIGNATURE	X					DING Z	MEDICAL STA		7/	30/8	3_
	22d. PHYSICIAN'S NA	S A.T	LETSU	N		220. ADDRESS	FUSA	s usua	2121	5		
L	BURIAL, CREMATION, F	REMOVAL	DATE SUNTE	Jers I	ST. P	EMETERY OR CREMA	ATORY	23d. LOCATION CITY OR TOWN	5	COUNTY	- m	d.

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physicion and completely filled in the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be little with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

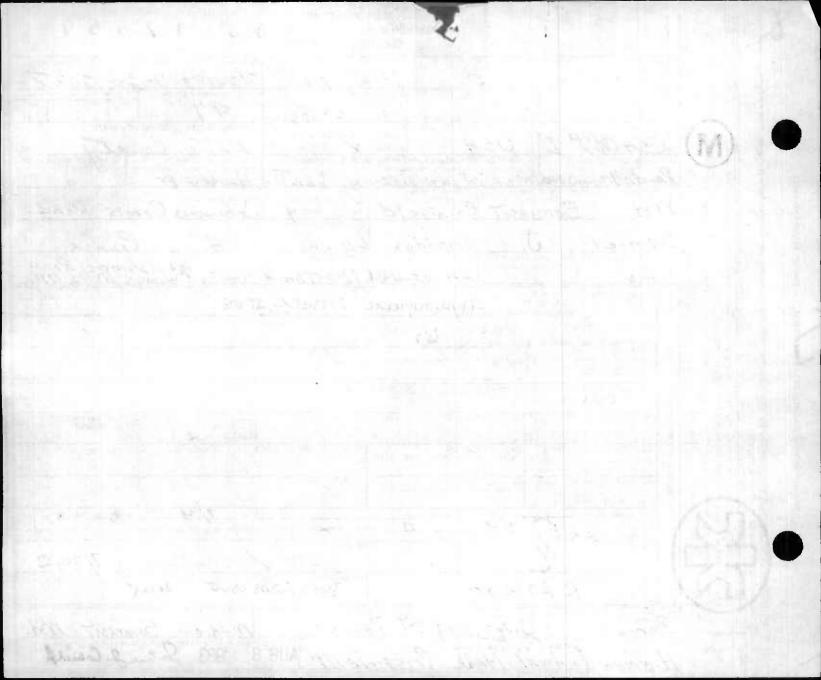
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24 FUNERAL DIRECTOR

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completing filled in by the fundament should be detached for use as the burial-transit permit. Then please remove carbon paper. Edges I and 2 should be filled entitled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or immental.	IMPORTANT: If Nem 21 is marked or frem 18 house any injury, or other troumatis error the medical execution to the

	STATE OF MARYLAN
FOR	DEPARTMENT OF HEALTH AND ME
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REGISTRAR			REG. NO.		
. DECEASED NAME FIRST	MIDDLE	LAST	24. DATE OF DEATH M	ONTH DAY YEAR	26 HOUR
ARTHUE	J.	HLADIK	July 13.	1983	12:00p
SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR	
Male	White	10 OI II	71	YRS.	HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	16 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR		
Maryland	USA	WIDOWED DIVORCED	Baltimore	County	WE
). CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION	V 126. KIND	OF BUSINESS OR
Rossville	Franklin Squ	uare Hospital	Florist	Seli	-employ
SUAL RESIDENCE (IF NURSING HOME O 30. STATE Maryland Ball	NTY 136. CITY OR TO		7403 Bark	doll Ct.	21237 Apt.C
FATHER'S NAME FIRST John	MIDDLE Hladi	k 15. MOTHER'S MAIDEN N	WIDDIE		irak
WAS DECEASED EVER IN U.S. A				Barkdoll	
(YES, NO OR UNKNOWN) (IF YES, G	215-03	-7144 Hazel M. H	Hladik Apt.	C Balto.,	Md.212
	DUE TO, OR AS A CONSEO	DUENCE OF			(a
19g. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	STATE
22a.1 certify that (1) (this have	If all ottended the dejensed from	DEGREE ATTENDING	n death accurred on the date	22c. DAT	that (we) last ecouses stated ESIGNED
22d. PHYSICIAN'S NAME (TYPE	OR PRINT]	22e. ADDRESS			
Richard D. Big	ggs, Jr., M.D.	7600 Osler	Drive, Towso	n, MD 2120	04
BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY Holly Hills MG	23d LOCATION	Balto.	Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

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24 FUNERAL DIRECTOR
Lassahn Funeral Home

7401 Belair Rd. 230 DATE REC'D. BY REGISTRAR 23 PEGISTRAR'S SIGNATURE. Balto., Md. 21236 1111 1 8 1983 John G. Cohnell

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	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		5 / 1
22	1. DE0	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	AY YEAR 26 HOUR
	(TYPE	Klara	Loretta HO	BLITZ	July 10,	19837:05A
	3. SE			5. DATE OF BIRTH MONTH B DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS.
10		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	
E.	2	MD.	USA	WIDOWED DIVORCED	Baltimore Cou	
8	0	OSSV (LL F	(IF NOT IN SUCH FACILITY, GIVE STREET AS	SHOME OR OTHER INSTITUTION DORESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OF INDUSTRY
3	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR O) TATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE A		130. STREET ADDRESS	VA AVE
exomittee (14. FA	THER'S NAME	DDLE /HILL	15 MOTHER'S MAIDEN NA	ME MIDDLE AMM	E R LAST
medicol			ED FORCES? 166 SOCIAL SECUR WAR OR DATES) 212 20 6	1 0 0 1 1 1	ADDRESS HOBLITZ	A BOU APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
njury, or other troumot	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN	Shock, Congest		
A cons	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
Jem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA'	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT I ORPART 2)
rked or t	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC.) 211. LOCATION STREET	CITY OF TOWN	COUNTY STATE
T. If hem 21 is mo		220.1 certify that \$\mathbb{M}\$ (this haspital saw the deceased alive anabove_str(we) (did) (did of) 22b. SIGNATURE	July 10, 19	DEGREE ATTENDING PHYSICIAN		9_83, that \$1 (we) la and from the causes stated 22c. DATE SIGNED 7//0 83
IMPORTANT:		Dr. Irma B	urke	22e ADDRESS	nklin Square Dr	rive, 21237
VI		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE / 13 /83 EM	AROENS OF FAIT	138 LOCATION CITY OR DWN	COUNTY MD. STATE
/B2	24 FI	JNERAL DIRECTOR CONNE	CLC 300	01 AC F	TE REC'D. BY REGISTRAR 256, REGISTR	AR'S SIGNATURE'S

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STATE OF MARYLAND

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DECEASED		FIRST		MIDDLE	- 1	AST	2a. DATE	OF DEATH	MONTH	DAY YEAR	P 26. HOUR	
TYPE OR PRINT	PPE OR PRINT) Elei		or	A.		Hoenig	Ju	July 19, 198		83	83 12:10Pm	
SEX		4.	RACE		S. DATE C		6. AGE	IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YE		
Fema	ale		White	9	Jun		7	9	YRS.	MONTHS DA	YS HOURS MIN.	
	COUNTRY)		CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED				Y OF DEATH		
	land		U.S.		WIDOWE			timore		nty	MD	
TOWSC	TOWN OF DE	ATH 11	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF V	AL OCCUPAT		LIFE) INDUST		
				y Nursing			C1	.erk		Sto	re	
3a STATE	DENCE (IF NUF	136 COUNTY		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?		et address Tyburn	Cour	t 21	093	
FATHER'S	NAME					15 MOTHER'S MAIDEN N		-,		0 41		
	FIRST	MIC	DIE	LAST		FIRST		MIDDLE			LAST	
Edwar				Peters		Theresa		A.	200	Dohme	eyer	
	CEASED EVEL	R IN U.S. ARME		166 SOCIAL SECL	JRITY NO.	17 INFORMANT		ADDR	ESS			
No			0 0 (2)	218-40-8	3968	Joan A. Har	tman	1812 V	yclif	ffe Roa	ad	
gove couse unde	ditions, if any rise to ime (a), stati	y, which imediate ing the e lost.	(b) DUE TO, O (c)	r as a consequi	ENCE OF	NOT RELATED TO THE TEL	RMINAL DISE	ASE OR CON	IDITION G	IVEN IN PART	T I (o)	
o l		Jen	ele d	ement	in							
19a. DA	ATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	IN CERT		IDINGS USED SES OF DEATH?	
	CCIDENT WAS UP	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCU						
4			21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC I	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE	
22a.l e	certify that (l) (this hospital	/-	g 19		nd that in (my) (and opinion DEGREE					L, that (1) (last dash dash dash dash dash dash dash dash	
	Mass	us P	. Ken	enlew	lu'	MI) ATTENDING	MEDIC	AL STA	FF CIANITY	7-	-19-83	

Marion C. Kowalewski, M.D.

224. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

??e ADDRESS

Baltimore, Md. 8604 Harford Road

23e BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION

1983 Parkwood Cemetery 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Md.

Baltimore

COUNTY

Maryland

DHMH - 16 50M 4/B2

tO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health MPORTANT: If hem 21 is

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove carban-pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG. NO	1 7	0	13
	CEASED NAME	FIRST	F	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
(TYPI	E OR PRINT)	Edna		S.		Hofmann	July 5,	1983		2:45 M
3. SE	x		4. RACE		5. DATE O		& AGE (IN YEARS LAST BIRT		UNDER I YEAR	
	Femal	е	V	Vhite	Jul		88	YRS.		HOURS MIN.
	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O			
	Marylan	d	U.S	5.A.	WIDOWE		Balt:	imore (ounty	MD
10. CITY OR TOWN OF DEATH Towson		DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, Lley Nurs:	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewill	F WORKING LIFE)	12b. KIND (INDUSTRY	OF BUSINESS OR
13e. :	AL RESIDENCE (# N STATE Maryland	136 COU!		GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2816 P	lacid A	ve.	21234
14. F/	ATHER'S NAME FIRST George		WIDDLE	Saum		15. MOTHER'S MAIDEN NA FIRST Sina	WE		Warden	
160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W			MED FORCES?	166 SOCIAL SECU 218-36-					Ave.	21234
NOI	gave rise to couse (a), sta underlying co	Conditions, if ony, which gove rise to immediate cause (a), stating the			ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM			IN PART 1	TO TO
CERTIFICATION	190 DATE OF ØPE	190 DATE OF OPERATION 196.		96. CONDITION FOR WHICH OPERATION WAS PER		WAS PERFORMED	206 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED S OF DEATH?
	21g. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DE	ATH.	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR				
MEDICAL	WHILE NOT	21d. INJURY OCCURRED 21e. PLACE O					CITY OR TO	wn /-	COUNTY	STATE
		eosed olive or	17/	2 191		nd that in (my) (aux) opinion	deoth occurred on the do	ote and hour o		
	226. SIGNATURE Mary 726. PHYSICIAN'S	NI AAAE (IIIA		aleurle		DEGREE ATTENDING PHYSICIAN [1220. ADDRESS	MEDICAL STAF		22c. DATE	5/83

Dr. Marion C. Kowalewski 236. DATE 236. BURIAL, CREMATION, REMOVAL

Burial

8604 Harford Road 231. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

M.D.

23d LOCATION
CITY OF TOWN
Baltimore

Maryland STATE

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

Jul 8 1983

Baltimore, Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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Total 14 1203 Maria S. 75-5-9 PAR 18 2-18 PAR 18 PAR STANGO PROBLETING X U. ... inni, te a imenus) S 16 Elect Ave. 21234 remarks examinated to a connation/ 11:5 216-3 -6251 Henry G. Hotmann Cell Placia Ave. 21234 at serious account to Could der out took Serious, No. Angleis stomistad grossess in the Salam Calcum Louisel . Duce, Los Sertium, Jarrians Autologia 2002 . Committee and Autologia

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DEPARTMENT OF	HEA	LTH AND	MENTAL	HYGIEN
CEDY	1716	ATE OF	DEATH	0

CERTIFICATE OF DEATH

STATE REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH 3. SEX MONTH MAY 26, 1896 FEMALE WHITE 87 BALTIMORE CITY OR COUNTY OF DEATH IS BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWEDXXX BALTIMORE COUNTY USA DIVORCED MARYLAND NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE COUNTY GEN. HOSP. HOUSEWIFE AT HOME RANDALLSTOWN GIVE RESIDENCE BEFORE ADMISSIONS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE APT. T-1 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 7017 PARK HTS. AVE. 21215 BALTIMORE MARYLAND YESXIXIX NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE UNKNOWN ROSIE SAMUEL GOLDBERG DR. MORTONOMISS HOLLANDER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 220-44-2548 3517 OLD COURT RD. BALTO., MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a AS A CONSEQUENCE OF CONGESTIVE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CHRONIE 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED YES [NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deseased from Zand that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the bady efter death. 226 SIGNATUR DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 236. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23c. NAME OF CEMETERY OR CREMATORY JULY 17,1983 HEBREW FRIENDSHIP

23d LOCATION CITY OF TOWN BALTIMORE

DHMH - 16 50M 4/B2 (VRA 15, 4)

ld b W. Th

> 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, MD

THE STREET GOVERNMENT STREET DESCRIPTION OF THE PROPERTY. Market Branch Branch State of the State of t

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours oft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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with the State Cept. Carry MPORTANT: If them 21 is morked or them 18 shows any

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 / 5

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	WARD W	HOPK	INS		7-12-8	33	3:05am
3. SEX 4	RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS
Make	White	Mong	12 08	76	YRS.	15 DAYS	HOURS MIN.
	b. CITIZEN OF WHAT COUN	ITRY? 8	- Cheven wannen (9 BALTIMORE CITY O		DEATH	
Pennsylvania	U.S.A.	WIDOW	D NEVER MARRIED		RE COUN	YTV	MD
	1. NAME OF HOSPITAL, NI	URSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	ON 11	b. KIND C	OF BUSINESS OR
TOWSON	(IF NOT IN SUSTEMCILITY, SINE	SEPHIH	OSPITAL	Engineer	WORKING LIFE)	OLUSTRY C&	P
USUAL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)					
Maryland Balti:	more Stone	eleigh	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 602 Regest	er Aven	ue 2	1212
4. FATHER'S NAME			15. MOTHER'S MAIDEN	VAME			
John Go	od Hor	kins	Nellie	WIDDLE		Bra	
160 WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS		J
(YES, NOOR UNKNOWN) (IF YES, GIVE	war or dates) 212-0	05-0945	MissAnn L.H	opkins 602 Re	egester	Aven	ue21212
18 CAUSE OF DEATH (Enter only	11 - 6	by and a					MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSED	BY:	PERFORAT	ED DUODENAL	ULCER			DINGE AND DERIN
637.5 IMMEDIATE	CAUSE (o)					_	
22-2	DUE TO, OR AS A CONS	EQUENCE OF					
Conditions, if any, which	((b)						
gave rise to immediate							
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF					
	(c)						
PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TE	rminal disease or cont	DITION GIVEN II	V PARI II	0
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDI	NGS USED
DE THE DATE OF OFERALION	The condition for the				IN CERTIFYING		OF DEATH?
E L				YES X NO	YES [ио 🗆
OR COLUMNIA CALLES OF DELLE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	716. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR TO	A/NI	COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, O	FFICE, FARM ETC)	21×EE1	CHIOKIO	N.S.		JIAIC
	I) attended the decented f	6-26) 10	7-12	10	83	that (X/wa) last
220.1 certify that (this haspital saw the deceased alive on	7-12	19 03	nd that in (nW) (our) opini	on death occurred on the do	te and hour and	from the	couses stated
sow the deceosed alive on above, (U (we) (did) (didylar	view the body after death.	A A				22c DATE	
22b. SIGNATUR	. 141	1 11.	DEGREE	MEDICAL STAF	F		2-83
(W) Au	nasmy	MANON	PHYSICIAN			, 1	. 2 0 0
22d. PHYSICIAN'S NAME (HIPE OR		p	22e ADDRESS	5 1 .	1 0100	1	
Maurice B Fu	rlong, M.D.	/	7620 York	Road towson	md 2120	14	
23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATOR	Y 236 LOCATION			
Burial				CITY OR TOWN		UNTY	STATE

Lorraine Park Cemetery

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home 6500 York Rd.21212

emetery Woodlawn Balto. M

250. DATE REC'D. BY REGISTRAR BY REGISTRAR SICHATURE

JUL 1 8 1983

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

-	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		A COLUMN
	CEASED NAME	FIRST		MIDDLE	i.	AST	20. DATE OF DEA		DAY YEAR	25 HOUR
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3 SEX			4 RACE		5. DATE C		6 AGE TIN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	MALE		CAUC	ASIAN	MONTH 5	- C O3	8	YRS.	MONTHS DATS	NOURS MIN.
	RTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
	PUNSYLVA	DIA	05	A	WIDOWE	_	BALTO	. 000	NTY	MD.
10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		PROTHER INSTITUTION	120 USUAL OCCU			BUSINESSOR
CA	MONSUIL	LEI	MERIT	MAN P	ATUL	SUILLE	PIPEF	ITTER		
13a. S	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDR	ESS	GSSEY	1228
	MD	BAL	10.	MIDDLE	RIVEK	YES NOVE	128 YAC	UMETE	R- 7	2
14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	CHAR	PIE	LAST	
			- CT	HOOSE	1		UNI	DDDEES		
	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17. INFORMANT		DDRESS		0 - 105
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	18. CAUSE OF DEAT PART I, DEATH V	TH (Enter on	ly one cause per D BY:	line for (a), (b), and	d (e).)	-	4		-	MATE INTERVAL
	11292	IMMEDIAT	E CAUSE (a)		and	ear arre	el		340	dden
	7-1-		DUE TO, O	R AS A CONSEQUE	MEDOF	.1 - 1	2			
	Canditions, if any		(b)	17500	17,0	dvanced	_			
	cause (a), stati		DUE TO, O	R AS A CONSEQUE	NCE OF					
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH THE TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to									
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE					LE LEEN TO THE TERM	NINAL DISEASE OR	COMPINION GIV	EIN HA FART TIO	
MEDICAL CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
TIFIC	Z III X			14 3 11			YES NO	_	YING CAUSES (NO [
CER	21a. ACCIDENT WAS UN	_	21b. TIME O	FINJURY M. MONTH DA	V VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM 18 P	ART 1 OR PART 2)	
AL	OR CONTRIBUTING		1171		19					
EDI	21d. INJURY OCCUP	RRED	21e PLACE	OF INJURY	ADM FTC)	211 LOCATION	CITY	OR TOWN	COUNTY	STATE
2	AT WORK NOT W	ORK D	(AI NOME, SIR	TEET, PACTORY OFFICE, P	ARM, ETC.)	6 00	7	-1		
10	22a I certify that (I) (the hospital) attended the deceased from 6/20, 19 8 10 7/13, 19 82, that (I (we) last									
	saw the deced	did) did no	ti view the body	after death.	8) , ar	d that in (my) (aur) apinian	death accurred an	the date and hav	r and from the c	auses stated
	221 SIGNATURE	11	4		V	DEGREE	AAEDICAI	CTAFF	22L DATES	SIGNES 3
	Melbert Servelies MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1)								2/0/	
	24 THYSICIAN'S N	AME TYPE C	A TIMES	00.	10	120 ADDRESS &	+ 7		7172	7
	Terr	int (1/2	vie Ray	MA	17016	951 N	ave	7	
	SURTAL, CREMATION	, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
01.5	DUK	IAL	///	183 H	OLL!	HILL		L'70.	M.	
24. FL	JNERAL DIRECTOR		. 6	ADDRESS			II 1 9 100	TRAR 256 AGIST	KAR'S SIGNATI	JRE .
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DHMH - 16 50M 4/82 (VRA 15, 4)

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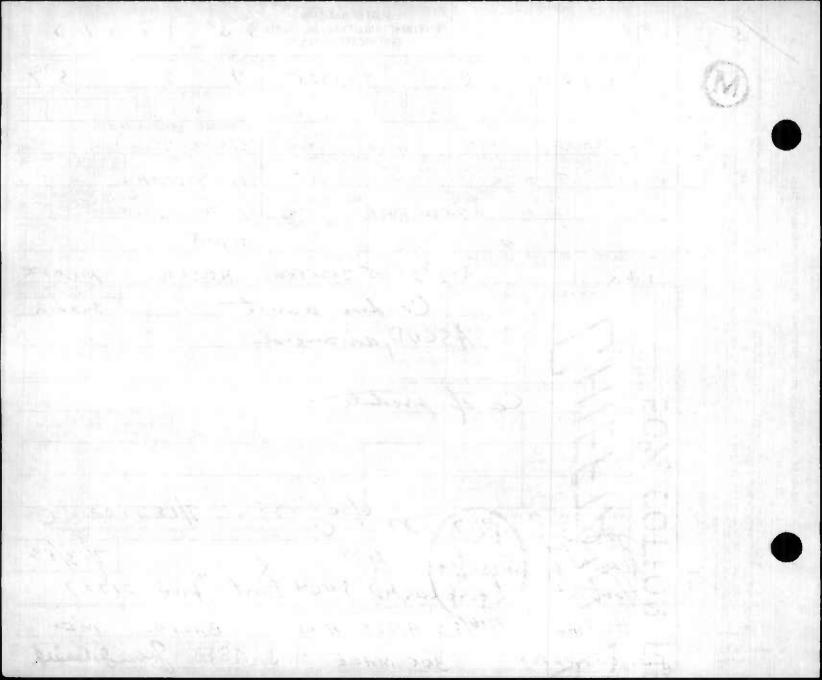
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and 2 shalld be filled within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician



+ '		CEASED NAME FIRST	AFT IN HOLE	IARD	REG. NO. 20 DATE OF DEATH MONTH	
er death	3 SE	MARGA	16/11/11/11	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	9 83 2.3
the off	a	Female	White 5	ot. 3, 1903		MONTHS BATS HOURS
(A)	13	TLACE (STATE OR FOREIGN	/1 4 4	ARRIED NEVER MARRIED OWED DIVORCED	BALTIMORE CITY OR CO	UNITY OF DEATH
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10	3n :	Md. ISA CA	18 Sukesville	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Bird Ave.
1/1/19	4. F/	ATHER'S NAME	IDDLE	15 MOTHER'S MAIDEN NAM		A LAST
1	60 V		NED FORCES? 166 COCIAL SECURITY N	NO. 17 INFORMANT	ADDRESS	Cowell
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al, cremotion r other traun		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	BE CHRONIC	OBSTRUCT	TIVE PUM DI
permit. Then please remove ene prior ta burial, crematio ms any injury, ar other trau	IIFICATION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO DEATH THE CONDITION FOR WHICH OPERA	BUT NOT RELATED TO THE TERM FIG. TULA ATION WAS PERFORMED	INAL DISEASE OR CONDITION 170 AUTOPSY? 1206	N GIVEN IN PART TO SOURCE FIND INGS USES ERTIFYING CAUSES OF DEAT
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i permit. Then please rer ene prior to burial, crem pers any injury, ar other	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT OF TRACE OF OPERATION 5/20/93	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA PERSISTENT COR 216. TIME OF INJURY HOUR A.M. MONTH DAY YE	BUT NOT RELATED TO THE TERM. ATION WAS PERFORMED	IN AL DISEASE OR CONDITION 100 AUTOPSY? X 200 100 AUTOPSY? X 200 100 AUTOPSY? X 200 100 AUTOPSY? X 200	N GIVEN IN PART TIO SOUTH OF THE PART TIO IF YES, WERE FINDINGS USES ERTIFYING CAUSES OF DEAT YES NO [
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STATE OF MARYLAND

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within 24 hours

requires that the death certificate be

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital ar attending physician.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGGE CERTIFICATE OF DEATH

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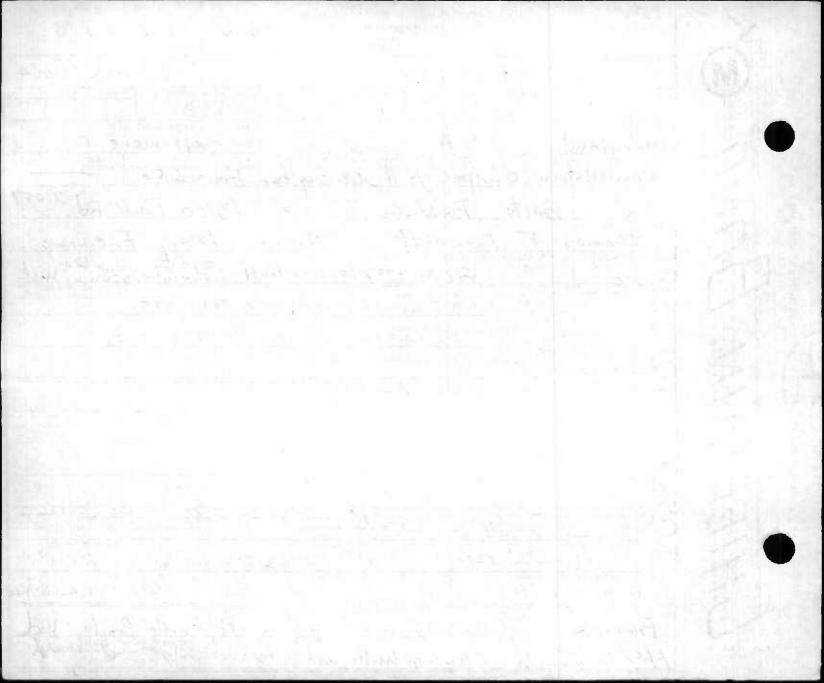
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	P.	REGISTRAR			441111111111	TE OF DEATH	R	EG. NO.		
	1. DECE.	ASED NAME FIRS	AB.	HULL	LAST	Tu Sin Li	20 DATE OF DEA		B/PS	3.45
	3. SEX	Female	1 RACE	ite	5. DATE OF BIR	TH YEAR 13 05	6. AGE IN YEARS	(AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
ance.	COL	HPLACE (STATE OR FOREIGN AVY AVA	76 CITIZEN O	S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE C	.T	OVE C	0-
optified of	10 CITY	Audallston	(7)	F HOSPITAL, NURSIN JUCH FACILITY, GIVE STREET APCL	ADDRESS)	LUSING 166	120 USUAL OCC (TYPE OF WORK FOR	MOST OF WORKING		OF BUSINES
	USUAL 130. STA	WEGIDE LACE IN COURSE LA	ALTO	134-SITY OR TOW	E ADMISSION)	INSIDE CITY LIMITS?	13e STREET ADD	RESS FO	rK Re	1,210
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DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

3 17679

1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	0 ,	
	EASED NAME FIRST Marga	ret	MIDDLE	1	HUNDT	July 7,	1983	Y YEAR	1:00 a
. SEX		4 RACE	06.1 (05.1	S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
H. HI	MALE	CAUCA	SIAN	MONT	27 67	75	YRS.	NINS DATS	HOURS MIN.
BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. Baltimore city o Baltimore			ME
	SSVILLE	11. NAME OF	HOSPITAL, NURSING LINESTREET SQUI		OSPITAL	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE OF WORK FOR MOST OF THE OF		126. KIND (INDUSTRY	OF BUSINESS OR
130 S1	RESIDENCE (IF NURS OF INC.)	DUNTY CHEN INSTITUTION	BALTIM		134 INSIDE CITY LIMITS?	131. STREET ADDRESS. WAY	CROSS	RD.	21206
4 FA1	WILLIAM	MIDDLE	GORBUG	CH	MANTE	WE		AUB	ÜRN
	AS DECEASED EVER IN U.S.	ARMED FORCES?	2141236		MARLYN HE.	JL 5820 W		S RD	•
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	(b)_	DR AS A CONSEQUE						
CERTIFICATION	PART 2 OTHER SIGNIFICAL				NOT RELATED TO THE TERM	28a AUTOPSY?	206. IF YES, V	WERE FIND	INGS USED S OF DEATH?
	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES	I 1 OR PART 2)	NO 🗌
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a. I certify that (Lithis h sow the deceased alive above, (K(we) (did) (did			83 •	12 , 19 83 and that in 19 7 (our) opinion	, toUUY / deoth occurred on the de		and from the	
	276. SIGNATURE	F. It	nera,	17	ATTENDING PHYSICIAN	MEDICAL STA			7-83
	TRENE	F. ZB	ARRA	Ma	9000 Frank	lin Square	Drive	21237	7

BP DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and compleshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Pand with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If hem 21 is morked or hem 18 sit

230 BURIAL, CREMATION, REMOVAL BURIAL 7/9/83

HOLLY HILLS 21237

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
BALTO

COUNTY BALTO +BALTO

BY REGISTRAR 255 REGISTRAR'S SIGNATURE

STATE

236. DATE

25a. DATE REC'D.

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2	FOR 1 - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYE CERTIFICATE OF DEATH	PENE 3 1 7	08
# 100 mm	1. DECEASED NAME ENMI	ARHEL RUTH JON	ies Hurd	7/8/83	DAY YEAR
(M)	F emale	White	July 9, 1893	6. AGE (IN YEARS LAST BIRTHDAY) 89 YRS.	MONTHS DA
1 16	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia		MARRIED NEVERMARRIED NO NEVERM	Baltimore Count	
of the state of	10. CITY OR TOWN OF DEATH		S HOME OR OTHER INSTITUTION PORESS Nursing Home	School Teach	12b. KIND 100051 100051
Filled on Page 2	USUAL RESIDENCE (IF NURSING HOME OF 13th COL			13e STREET ADDRESS 1631 Mussula	Rd.
ond 2 to 37	14 FATHER'S NAME FIRST OSWALD	M. Jones	15 MOTHER'S MAIDEN NA FIRST Elodie	WIDDLE	n Si
n ond co	160 WAS DECEASED EVER IN U.S. A (YES. NO ORUNKNOWN) (IF YES. G	IVE WAR OR DATES)	RITY NO. 17 INFORMANT 5990L.T.Christi	anFuneral Home	eRich
physicia physicia physicia emovol event, the	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and	Ic to	thmia	BETWE
ending e carbo on, or ri	4280	DUE TO, OR AS A CONSEQUE	NCE OF		

21204 ssula Rd. Smith zabeth HomeRichmond, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN 55478 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AI WORK 220.1 certify that (1) (this haspital) attended the deceased and that in (my) (our) opinion death occurred on the date and hour and from the course stated sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE THE DATESIGNE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Farmville, Virginia (SPECIFY) '83Westview Cemetery Burial 24 FUNERAL DIRECTOR E. Johnson8521 Loch Raven Blvd

IF UNDER 1 YEAR

Teacher Education

26. HOUR

UNDER 24 HRS

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en signed by the

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

OR ATTENDING PHYSICIAN: The

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DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signated be detached for use as the burial-transit permit. The with the State Dept of Health and Mental Hygiene priar to I

ENDING PHYSICIAN: The attending physicion shaws

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MPORTANT

190	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	0 0	REG. NO.
		CEASED NAME FIRST OR PRINT) Eliza	beth	Ann	1	urley	2a. DATE OF DE	ATH MONTH
	3. SEX	Female	GANY W	hite.	5. DATE C		6 AGE (IN YEARS	YRS.
2		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.		WIDOWE		9. BALTIMORE	timore
20	Bo	LITIMORE, Md.		HEACILITY, GIVE STREET A		Hos Dice		CUPATION R MOST OF WORKING LIF Petroleum
35	13a. S	AL RESIDENCE (IF NURSING HOMEO) STATE 131 COUL		GIVE RESIDENCE BEFORE 130. CITY OR TOWN Baltimo	1	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADE 2504	oress Gibbons A
2	14 FA	THER'S NAME FIRST Joseph	MIDDLE J	Strejeek		15. MOTHER'S MAIDEN NA		IDOLE
2		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES GI	MED FORCES? VE WAR OR DATES)	166 SOCIAL SECUE 216-32-6		Mr Earle P	Hurley	11512 C
event, the		18 CAUSE OF DEATH (Enter DIPART I. DEATH WAS CAUSE		line for (0), (b), one Cere	oral	Vascular	Accid	ent
or ather traumatic		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	(b)	RAS A GONSEOUE RAS A CONSEOUE	10.	Sclevotio	· Vascu	lar Dise
lony, o	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE O	R CONDITION GIV

126 KIND OF BUSINESS OR CO Owner 21214 ve ? edar Iane 21087 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EN IN PART TO CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO [YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJUR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) ONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 21e PLACE OF NJURY 211 LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STRE . FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a I certify that (I) (this hospital) attended he_deceosed from 2 sow the deceased olive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the dy after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 226 PHYSICIAN'S NAME (TYPE OR PRINT) 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial CITY OR TOWN STATE 7/25/83 Parkwood Baltimore, Maryland

26. HOUR

IF UNDER I YEAR

OF DEATH

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24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

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MPORTANT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

BALTIMORE CITY OR COUNTY OF DEATH

REGISTRAR 1. DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH 26. HOUR LTYPE OR PRINTS Frank **IWANOWSKI** 1983 July 4. 3. SEX

4. RACE

5. DATE OF BIRTH

& AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

7a. BIRTHPLACE I STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? POLANO

13b. COUNTY

BALT

(IF YES, GIVE WAR OR DATES)

MARRIED NEVER MARRIED WIDOWED DIVORCED

Baltimore County 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

INDUSTRY

10. CITY OR TOWN OF DEATH OSSVILLE

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 13t. CITY OR TOWN

13d INSIDE CITY LIMITS? MIDDLE RIVER YES | NO TH

13e STREET ADDRESS 6604 BLACKHEAD 15. MOTHER'S MAIDEN NAME

14 FATHER'S NAME

(YES, NO OR UNKNOWN)

UNK

FOR

- STATE

16h SOCIAL SECURITY NO

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17 INFORMANT VICTORIA

ADDRESS

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: Cardio Respiratory Arrest MMEDIATE CAUSE (0

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Carcinoma of Lung

Metastatic Cancer

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY?

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

HOUR A.M. MONTH DAY

NOV YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE

YEAR

211 LOCATION CITY OR TOWN

ATTENDING

UN

COUNTY

IN CERTIFYING CAUSES OF DEATH?

STATE

NO T

22a. I certify that 🎉 (this hospital) attended the deceased from 💵 🗸 sow the deceased olive on the body ofter death.

DEOREE

, and that in (to) (our) opinion death occurred an the date and hour and from the couses stated 22c. DATE SIGNED

STAFF

22b. SIGNATURE THE PHYSICIAN SYNAME INTO BE

23b. DATE

PHYSICIAN | DIRECTOR | PHYSICIAN 27# ADDRESS

9000 Franklin Square Dr, 21237

MEDICAL

230 BURIAL, CREMATION, REMOVAL

731 NAME OF CEMETERY OR CREMATORY ROSARY

23d LOCATION BALTO.

COUNTY

G. COPNELLY

DHMH - 16 50M 4/B2 (VRA 15, 4)

CERTIFICATION

300 MAC

DIRECTOR:

FUNERAL

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The same of the first of the the state of t THE REPORT OF THE PROPERTY OF THE PERSON OF The secretary of the se signed by the attending physician and campletely filled in by the fu hen please remave corbanpapers. Pages 1 and 2 shauld be filed with

injury, ar other traumatic event, th

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	C	4		

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

5		1	O	8	
	REG. NO.				

FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	7 6 8 3
I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
AMEL!	A Marie	JAKOVAC	7	26 183 5:20A M
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
FEMALE	White	MONTH OLY TEAR	66	MONTHS UAYS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	A BALTIMORE CITY OF COL	
Rijeka, Yugosla	via USA	MARRIED NEVER MARRIED	BALTIMORE	COUNTY
10 CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, NURSI	TADRESS ST.	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker	178. KIND OF BUSINESS OR INDUSTRY
13a. STATE 13b COI	or other institution, give residence before unity 13c. CITY OR TON Timoni	WN 138. INSIDE CITY LIMITS	2112 Founta	Timonium, Md. in Hill Dr., 21093
Petar	Wukicevic Vukicevic	FIRST	tonia	Mrakoucic
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	TIVE WAR OR DATEST	urity NO. 17. INFORMANT -4614 Mrs. Diar	Newtow ne A. Smith, 12	n Square, Pa. 3 Ridgefield Rd.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A BONSEON	ORESPIRATORY A TNAT CARCINOMA JENCE OF RT. BREAS	TOSIS	
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART Ita
19g. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
	EATH HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER MATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,		ÇITY OR TOWN	COUNTY STATE
sow the deceased alive to abave, (1) (we) (did) (did	pital) ottended the deceased from, 5n 7 - 26 19 19 19 19 19 19 19 19 19 19 19 19 19	00	3 ta 7-26 ion death accurred on the date an	
276. SIGNATURE	1 Dus	DEGREE ATTENDIN PHYSICIAL		7/26/83
224 PHYSICIAN'S NAME (TYPE		22e ADDRESS		/
FDWARD GR	ACF M.D.	I GRMC -670	IN CHARIES	TZ

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu TO FUNERAL DIRECTOR: After this certificate has bee IMPORTANT: If Item 21 is marked or Item 18 shows any

Lowell

AATORY 234 LOCATION CHY OF TOWN Balto. Md. STATE 230 BURIAL, CREMATION REMOVAL ISPECIFY 73/ DATE 77/30/83 231. NAME OF CEMETERY OR CREMATORY Dulaney Valley Cem.

Lemmon, 10 W. Padonia Rd.

DHMH - 16 50M 4/82

erained by the hospital or

BP.

(VRA 15, 4)

THE THE PROPERTY OF THE STATE O OBJ-SC-244 2 Dt. J.LQ: N. BOUM, 183 CHEST IN

Timenium, Elter. Melaney Velley Cem. Timenium, Elter. Md.

TO SELECTE IN TODAY OF THE STANDARD STANDARD

J. . . rowell Learnon, 10 W. Fadonia Rd.

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN The low etained by the hospital or attending physician

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

R	REGISTRAR XC 1	53062	6		CERTIF	ICATE OF DEATH	RF	G. NO.	0 (3 4	
	ASED NAME	FIRST		AIDDLE		LAST		20. DATE OF DEATH MONTH DAY YEAR			
TITPE OR		ARLIE	WI	LLIAM	JOI	HNSON	JULY 30,	1983		9:10 p	
3 SEX		4.1	RACE		5 DATE (OF BIRTH	6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	MALE		WHIT	E	MARC	H 20° 1899	84	YRS	NONTHS DATS	HOURS MIN.	
	HPLACE (STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUNTRY	/2 8		9 BALTIMORE C		OF DEATH		
	GEORGIA		U.S.A		WIDOWE	D NEVER MARRIED DIVORCED	BALTIMO	RE COUNT	ıγ	ME	
	OR TOWN OF DEATH	4 11.	NAME OF H	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCU	IPATION	126 KIND C	OF BUSINESS OR	
FO	RT HOWARD		VA MED	ICAL CE	ET ADDRESS)		PAINT SA			ints	
USUAL 130 STA	RESIDENCE (IF NURSING		HER INSTITUTION.	GIVE RESIDENCE BEFO	ORE ADMISSION)	A1A1 M.C. IDE C.	1			222	
		ALTIM		BALTIMO		YES NO X	1908 AR	MCO WAY	210	L. Lister	
14 FATH	HER'S NAME	MID		LAST		15 MOTHER'S MAIDEN NA					
T	HOMAS	MID	DIE	JOHNS	ON	CARRIE	MIQ	DLE	VIN	SON	
16a WA	S DECEASED EVER IN			166 SOCIAL SEC	CURITY NO.	17. INFORMANT	A	DDRESS			
(YES	YES (WW I	I OR OATES)	031 03	4307	CLINICAL REC	ORDS. VAM	C. FORT	HOWARD	MD.	
18	CAUSE OF DEATH	Enter only o	one couse per	line for (p. (b) o	and ici	1	-			XIMATE INTERVAL	
	PART I. DEATH WAS	CAUSED B	Υ.						OL IVELIN	ONSET AND PEATO	
	11-01	AMEDIATE C	AUSE (a)	CACHEXI	A						
	1629		DUE TO OF	R AS A CONSEO	UENCE OF						
	Canditions, if any, v	vhich (CARCINO	TO AM	TITNG					
9	gave rise to immer		(D)	022210	444	20210					
	couse (a), stoting underlying cause	the "	DUE TO, OF	R AS A CONSEO	UENCE OF						
			(c)								
Z P.				and the same of th		NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION GIV	EN IN PART 1	a	
CERTIFICATION	CHRONIC										
S IS	DATE OF OPERATIO	N	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI		
E							YES NO			NO 🗆	
B 21	10 ACCIDENT WAS UNDER		216 TIME O	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE C	FINJURY IN ITEM 18 P	ART I OR PART 2)		
	OR CONTRIBUTING CAL		P./		19						
ğ 21	Id INJURY OCCURRED		21e. PLACE O			211 LOCATION		ORTOWN	COUNTY	STATE	
	WHILE NOT WHILE		AT HOME STR	EET, FACTORY OFFICE	E, FARM, ETC)	STREET	EllA	ORTOWN	COUNTY	STATE	
	20.1 certify that # (t)	his hospital)	ottended the	e deceased fram	MAY	15 10 83	to JULY	30	10 83	that (h (we) last	
	sow the deceased	alive on	JULY	30 19	22	nd that in (my) (our) apinion		the date and hou			
22	above, (we) (did 2b. SIGNATURE	1(d-17-01) v	iew the bady	after/Meath		DEGREE MAR				SIGNED	
	/	411	de	w		ATTENDING	MEDICAL	STAFF			
200	24 DUNCH LANGE STATE	100				PHYSICIAN [DIRECTOR P	HYSICIAN D	7-31	-03	
27	2d PHYSICIAN'S NAM					22e ADDRESS					
	BIRENDA					VA MEDICAL			RD, MD	21052	
	RIAL, CREMATION, RE	MOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	WN	COUNTY	STATE	
	Burial		8/2/8	33 I	Baltir	more Nation		more C	ity,	Marylar	
24 FUN	ERAL DIRECTOR					250 DA	TE REC'D. BY REGIS	TRAR 2 IST	RAR'S SIGNA	TURE	

Catonsville, Md,

AUG 8

DHMH - 16 50M 1/B1 (VRA 15, 4)

MacNabb Funeral Home

BP.

IMPORTANT: If Irem 21 is morked or frem 18 shows ony injury, or other troumotic event, the medical examination of the shows on the shows on the shows on the shows of the show

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the buriok-transit permit. Then please remove carbon-popei with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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Consent U.S.J.

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THEOREM COURTY

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VA MEDICANA DISCH , LONE REMARK, ME. RICHA

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHINE 3

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CERTIFICATE OF DEATH

FOR STATE REGISTRAR			HEALTH AND MENTAI	HAGHINE 3	REG. NO.	0 8	3
1. DECEASED NAME FIRST E V a	K. J	OHNSON	LAST		ly 5, 1983	MAY YEAR	8:00P
1. SEX	4 RACE	5. DATE (OF BIRTH	6. AGE (#	YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE	WHITE	03	21. O		78 YRS	MONTHS DAYS	HOURS MIN.
In BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT	COUNTRY? 8. MARRIE	ED NEVER MARRIED	Baltim	ORECITY OR COUNTY		MD.
10 CITY OR TOWN OF DEATH ROSEDALE	11. NAME OF HOSPI (IF NOT IN SUCH FACIL	ITAL, NURSING HOME (ITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WO	LOCCUPATION DRK FOR MOST OF WORKING LIF ISION_TOOL	E) INDUSTRY	ERS & CO.
USUAL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION GIVE RE	ESIDENCE BEFORE ADMISSION)		G	RINDER	ROLLI	and a co.
MARYLAND 13b. CO		COSEDALE	YES NO X		SAGRAMORE	ROAD S	21237
14 FATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDE FIRST AMELIA		WIDDLE	GUNKE	57
ADAM 160, WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 5	ZANG SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS	GUNKI	ما د
	GIVE WAR OR DATES)	215-03-1409					
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line for		Massive r	ight he	emispherio right mido		MATE INTERVAL ONSET AND DEATH
Conditions, if lany, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A	A CONSEQUENCE OF	erebral a	rtery			0
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED	20a AU YES 🗆		S, WERE FINDIF YING CAUSES	
	DEATH HOUR A.M.	URY MONTH DAY YEAR 19		CCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMILE AT WORK AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	0.0	CITY OR TOWN	COUNTY	STATE
220.1 certify that () (this has sow the deceased alive above, (idd) (did)			7	pinion death occur	red on the date and hou	r and Irom the	
22b. SIGNATURE P.A.	Bultat	M (ix	DEGREE ATTENDI	NG MEDICA	STAFF PHYSICIAN	7/	5/83.
P.A.	Baltatzis	, MD	9000	Frankl	in Square	Dr.,	21237
23a BURIAL, CREMATION, REMOV.		- 3.1	CEMETERY OR CREMAT		CATION ITY OR TOWN	COUNTY	STATE
BURIAL	07-08-83	B CEDA	AR HILL				MARYLAND
24 FUNERAL DIRECTOR HUBBARD FUNERAL	HOME, INC.	4107 WILKE		JUL 7	registrar 256, regist	WAR'S SIGNA	shield

DHMH - 16 50M 4/B2 (VRA 15, 4)

etoined by the hospitol

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fi should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumotic event, the medical

IMPORTANT: If them 21 is morked or them 18 shows ony

FOR - STATE REGISTRAR

Male 7a BIRTHPLACE Alabama IN CITY OR TOWN OF DEATH Essex

13a. STATE

Maryland

Walter 160 WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) Yes

14. FATHER'S NAME FIRST

I DECEASED NAME (TYPE OR PRINT)

113b. COUN

4. RACE White

USUAL RESIDENCE HE IN NURSING HOME

CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE

Conditions, if any, which gave rise to immediate couse (o) stating the under lying cause lost.

		A		MENT	OF HE	22	AND M	ND SENTAL	65	. 3	REG	, NO.	6	8	6	
FIRST	M		MIDDLE			LA	sr			20 DATE		N O	MONIH	DAY -	YEAR	26 HOUR
Lucio	us		P.			J	ohns	on		DEATH	ESTI-	×	7	2	19 83	M
Lte	5. DATE OF MONTH	BIRTH DAY 24	YEAR 21		(IN YEARS BIRTHDAY) YRS.	MONTHS			R 24 HRS.	PRONOU DEA	INCED		MONTH 7	3	YEAR 19 83	74 HOUR 11:55
. 06	76 CITIZEN				8.			EVER MARI	-		MORE CI			nty,	EATH	MD
тн	11. NAME O	SUCHEACIL	ITY, GIVE S	TREET ADD	HOME, CORESS)		INSTITU	JTION		MAL OCCU	JPATION	(TYPE O		126 KIN	ND OF BU	
3b. COUNT	TY timore			OR TO		13	BE INSIDE O	CITY LIMITS?		REET ADDR		ter	n_Av) / enu	22	1
	MIDDLE			LAST Ohns	son	1		ER'S MAID FRST			MIDDLE				LAST Porti	Боом
	MED FORCES WAR OR DATES)	?			CURITY	10. 17	7 INFOR				ADDR	RESSR.	t.4	Box		
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AS CAUSED	ly one couse p D BY: TE CAUSE (a).					to H	iead								PROXIMATE VEEN ONSET	E INTERVAL T AND DEATH
ny, which		TO, OR AS	5 A CON	ISEQUE	NCE OF											
the under-	DUET	TO, OR AS	S A CON	SEQUE	NCE OF											
	(c)										100					

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [210 EXTERNAL CAUSE WAS UNDERLYING ØOR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY est. 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH 1983 subject was assaulted 21e PLACE OF INJURY 21d INJURY OCCURRED II LOCATION AT WORK NOT WHILE Eastern Blvd., Essex, Balto. Co., Md. STREET, FACTORY, FARM, ETC. Home Autopsy XX 220. I certify that I took charge of the remains described also Inspection and in my opinion Hamicide XX Undetermined monner death resulted fram Natural causes

TITLE (SPECIFY)
Assistant

DHMH - 17 (VR A15 ME (5)) 20M 4/82

BP.

23a BURIAL, CREMATION, REMOVAL 23b DATE 7-27-83 Cremation

Dennis

ACTUAL

EXAMINER'S NAME

(TYPE OR PRINT)

24. FUNERAL DIRECTOR

231. NAME OF CEMETERY OR CREMATORY

Penn Street 23d LOCATION

COUNTY Security Process.Inc. Catonsville, Baltimore, Maryland

JUL 28 1983 Marzullo Funeral Service Reisterstown, Maryland

Smyth, M.D.

7-4-83

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The state of the state of		ulerum town,	olyrot for	nul offermed

FOR - STATE

REGISTRAR

1. D (TYI	PECEASED NAME FIRST Sister Mary	Jositha (Mar	y Cathe	rine Schruefe	O. DATE OF DEATH	7- 31- 83
3,5	Female	White	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) # UNDER I YEAR MONTHS DAYS YRS.
E B	arto. Md. U.S.A	U.S.A.	MARRIE		9 BALTIMORE CITY COunty	OR COUNTY OF DEATH
MI.	Balto. Md.	NAME OF HOSPITAL, NUI VIPOTA SUMARTIZENTE Retired Sist	omeofor ers	Sick and	(TYPE OF WORK FOR MOST C Domestic	OF WORKING LIFET INDUSTRY
N.	UAL RESIDENCE (IF NURSING HIME OR O STATE COUNT STATE COUNT	THER INSTITUTION GIVE RESIDENCE BY 130 CITY OR T Balti	OWN		13e, STREET ADDRESS 4701 N. C	harles St.
00		Schrue:		IS MOTHER'S MAIDEN NA FIRST Cather:	ine	Kirchr
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES!		Sister Maria	Goretti 1	1630 Glenn A
umsible avent, y	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 4275 IMMEDIATE Conditions, if only, which	BY:	dese	anesto old old	0	APPRO RETWEEN
rijury, or effert	gove rise to immediate couse (o), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE		9	INAL DISEASE OR CON	IDITION GIVEN IN PART 1
9	90 DATE OF OPERATION	. 196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES
CAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART OR PART 2)
MED!	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY
1.211.00	220.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did in	l) attended the deceased fro		d that in (my) (aur) apinion (, to death accurred on the d	ote and haur and from the
MI II	22b. SIGNATURE	2		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF SIAN [226. DATE
1	22d. PHYSICIAN'S NAME	valo LAWRE	MAS	22e ADDRESS		
230.	BURIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF C	METERY OR CREMATORY	234. LOCATION CITY OF TOWN	COUNTY
24.7	Burial FUNERAL DIRECTOR			ria Cemetery		Baltimore,
	irran Funeral Hom	ADDRESS	308 Hi	gh Street BODAN	REC D. BT REGISTRAR	W. REGISTRAR'S SIGNA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

_, that (I) (we) lost

Baltimore, Maryland

AND AND THE SECOND SECO The State of the second had not not project the figure of the sector The state of the s Total Wiles Marking C. Starras absolute at 12 (2004)

requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital ar attending physician.

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FOR

STATE OF MARYLAND

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	J	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
	(CEASED NAME ATHERINE	VIRGINIALA	elber elber	20 DATE OF DEATH	7 4 83 2.5	
	3. SE)	1-	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		4 HRS MIN
5	7a, BI	PANY AWA	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED [9. BALTIMORE CITY O	COUNTY OF DEATH	MD.
1	10 CI	OWS ON	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION TADDRIPS MED CHV	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Secretary		SOR
5	130, 5	nd B	TOWSON TOWSON			washie Rd.	
0	1	TEORGE	Model COC	Dev Mary	Elizabe	th Penning	
	160 W	VAS DECEASED EVER IN U.S. AR YES O'OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEP (E WAR OR DATES) 2/3 03	02.0	Kaelber 6929	21239 Donachie Rd Apt.	E
	N	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	Ptic Yulmonar	RMINAL DISEASE OR CONI		ÊĂTH
4	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	1?
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOT IFY MEDICAL EXAMINER 21d INJURY OCCURRED	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY	19 21f LOCATION	URRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
	W	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this haspi	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC) STREET	3 to 1/4/	wn COUNTY STA	
	0	saw the deceased alive an	0 111	, and that in (my) (aur) apinion	on death accurred an the do	ate and hour and from the causes state 22c. DATE SIGNED	, .
		ME PHYTICIAN'S NAME (TYPEO	STROTH	ATTENDING PHYSICIAN 1220 ADDRESS			3
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	108262	name of cemetery or cremator Parkwood	23d LOCATION CITY OF TOWN Parkvi	ROI CANNA	TE
	24 FU	neral director chell-Wiedefeld			ATE REC'D. BY TOTAL TRAP	DE RESISTEAR'S SIGNATURE	

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and is should be detached far use as the burnal-transit permit. Then please remove carban papers. Pagew with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, ar removal. MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the nes a la la cace u ožís čílvica

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STATE OF MARYLAND

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	- STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO	1009
1	1. DECEASED NAME FIRST	WIOOLE	LAST	20. DATE OF DEATH MONT	H OAY YEAR 26 HOUR
	NORMAN	F.	KAHL	7	-10-83 8:05 m
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	FUNDER I YEAR IF UNDER 24 HRS
	IMALE	White	11 11 21		YRS.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
1	Balto. Co. Md.	U. S. A.	WIDOWED DIVORCED	DI BALTIMO	re MD.
-	Berry Hall	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 40 FOR	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FAR MEX	KING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
-	USUAL RESIDENCE (IF NURSING HOME OR 13a STATE 13b. COUN MARYLAND BAL	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) WN 13d. INSIDE CITY LIMIT:	S? 130. STREET ADDRESS 4401 FORU	e ROAD 21128
ı	14 FATHER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDEN	NAME	(AST
1	Michael	Kahl	Elizabe	eth	Zimmerer
		E WAR OR DATES)			401 Forge Rd.
	no	213-36	,-7579 Mrs. Angel	a nant, rerry n	all, Md. 21128 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse to), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS	envolt st	THE Lun	f
		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
	NO.				
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	OR COLUMNICATION CALLES OF DE.		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART L OR PART 2)
I	(IF ETIMER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an	tol) oftended the deceased from. 6/2/19 11) view the bady after death:	83, and that in (my) (our) opi	nion death accurred on the date or	nd hour and from the couses stated
	27h. SIGNATURE		DEGREE ATTENDIN PHYSICIA		221. DATE SIGNED 7/11/P3
	SAM I THE OF	BRAHIM	22. ADDRESS	JOSEPH'S	HOSPITAT

DHMH - 16 50M 4/82 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION St. Josephs Cath. C.Cem. Fullerton 23c. NAME OF CEMETERY OR CREMATORY

Baltimore Md.

24 FUNERAL DIRECTOR
E.F. L'ASSAMF.H. 11750BelairRd. Kingsville, Md. 21087

236. DATE

7-14-1983

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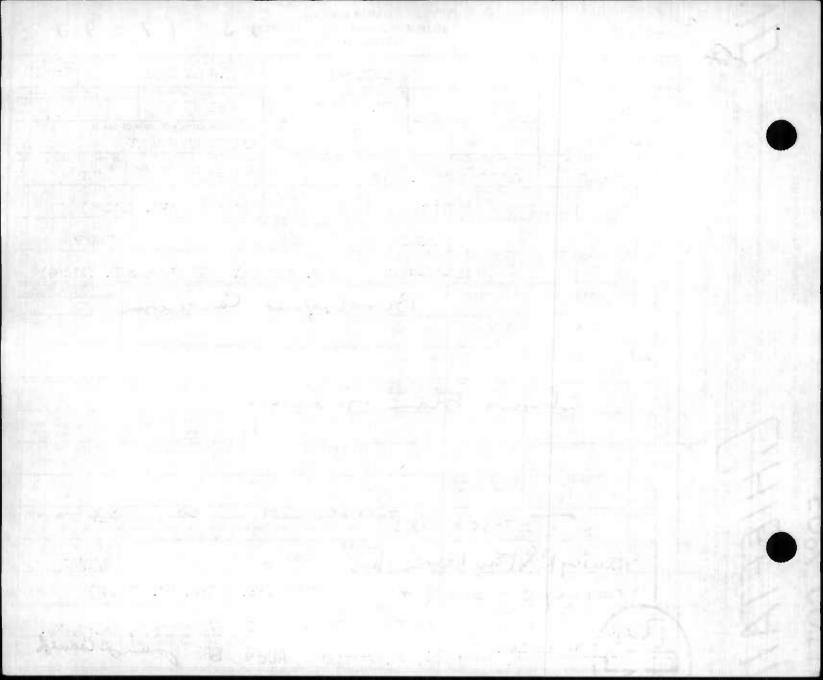
STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGUNE CERTIFICATE OF DEATH

	REGISTRAR			CENTIL	ICAIL OI DEATH	REG. NO).	
	PECEASED NAME FIRST HARI		MIDDLE		IAST MINSKY	SAT.JULY		7:00PM
1.5	MALE	4 RACE WHITE		S. DATE O	DF BIRTH T. 1,1°901	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DAT	
7a.	NEW YORK		WHAT COUNTRY?	8. MARRIE WIDOWI	ED NEVER MARRIED	BALTIMORE CITY OF		MD.
1	CITY OR TOWN OF DEATH PIKESVILLE	JEWIS	H FACILITY, GIVE STREET.	HOME	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CHAUFFEUR		O OF BUSINESS OR
130	MARYLAND BA	SEOR OTHER INSTITUTION DUNTY LTIMORE	BALTIMOR	N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	AVE. (21208	3)
1	MAX HELF	MIDDLE	KAMINSK		15 MOTHER'S MAIDEN NAI	MIDDLE	UNKNO	JŴN
160	(YES NO OR UNKNOWN) (IF YES	ARMED FORCES?	120-18-8		IDA N. KAMI	NSKY 133 S	LADE AVE.	(21208)
CERTIFICATION		PT CONDITIONS CO	Brai		NOT RELATED TO THE TERM	200 AUTOPSY?	DITION GIVEN IN PART 206. IF YES, WERE FIN	DINGS USED
MEDICAL CRETIF		F DEATH HOUR A	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	YES NOXX	YES	NO []
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOV	NN COUNTY	STATE
	STONLE	e an	otter death 19 &	3 (h	11 SLADE A	MEDICAL STAF	F	TE SIGNED
236	BURIAL, CREMATION, REMOVE (SPECIFY)	8/1/8	AN		EMUNAH AITZ CH	HAIM BALTIM	ORE, BAL	ro, MD.

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. MD. 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)(VRA 15, 4)

AUG 4 1985 REGISTRAR 256. REGISTRAR SOLO



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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use on the build manual permit. Then please remove carbonopoers. Pages 1 and 2 should be 1 with the State Dept. of Health and Westerl Prigners are to buriol, cremation, or remayol.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked at Item 18 tho

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINE 3

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1-	FOR STATE REGISTRAR		DEPART		EALTH AND MI		SNE 3	REG. N	0.	6	7		
	CEASED NAME FIRST		MIDDLE	L	AST		2a. DATE C	OF DEATH	MONTH	DAY YE	AR	2b. HOU	R
11116	WILLI	AM	KA	PINOS				07 2	9 83			8:1	8 R
3 SE		4 RACE		5 DATE O			6 AGE (IN	YEARS LAST BIR	THOAY)	MONTHS E	YEAR DAYS	HOURS	24 HRS MIN.
	MALE	WHITI		1 2 NONTH	28	42	41		YRS.				
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	MEVER MA	RRIED 🗆	9 BALTIM	ORE CITY O	R COUNT	Y OF DEAT	TH		
Ma	aryland	USA		WIDOWE	DI DIVO	DRCED	BALT	IMORE	COL				MD.
	TY OR TOWN OF DEATH OWSON	IN NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET NORTH CH	ADDRESS)				OCCUPATION FOR MOST CONTROL OF THE		LIFE) 12b. KII INDUS Ba	ND OF	BUSINE	ss or
130. 9	AL RESIDENCE (IF NURSING HOME OF TATE AND THE HOLE OF		13c CITY OR TOV		13d. INSIDE CIT	Y LIMITS?	13. STREET	Wood	lyn	Dr.	21	LO47	,
14. FA	THER'S NAME Anthony	MIDDLE	Kapinos	3	15. MOTHER'S A	MAIDEN NAM	ΛE	MIDDLE				casz	_
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT 214-38-		Mrs.		e M.	Kapi		2815 Dr.			Lyn
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	COLON (ENCE OF	K					9	YF	(2	
NOI	PART 2. OTHER SIGNIFICANT												
CERTIFICATION	3/74		INOMA (N WAS PERFOR	MED	YES [NO	IN CERT	ES, WERE F IFYING CA YES [H?
MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 216. INJURY OCCURRED WHILE AND WHILE AND WHILE AND WHILE AND WHILE 226. CERTICAL THAT (I this hos)	21b. TIME OF HOUR A ER1 P 21a PLACE (AT HOME, S1	OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	PAY YEAR 19 FARM, ETC.)	211. LOCATION STREET	1983	ED (ENTER!	CITY OR TO	RY IN ITEM 18	COUN	ΤΥ	s hat (l) (v	TATE we) last
	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	ot) view the body	koluta	,	DEGREE	TENDING YSICIAN	MEDICA DIRECTO	L STA	FF CIAN [7	- 29	9-83	
23a	BURIAL, CREMATION, REMOVA		230		ewetery or cr	REMATORY	123d 1Ot						ď.

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

14 FUNERAL DIRECTOR
Lassahn Funeral Home Inc.

7401 Belair 21236

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Cremation 8-1-83 Westview Mem. Pk. Baltim

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGING

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	REGISTRAR			CENTITIO	AIL OF DE	AIR	REG.	NO.		
	CEASED NAME FIRST		MIDDLE	(ASI		Con	20 DATE OF DEATH		DAY YEAR	26 HOUR 12
	JOHA	1	Joseph	KAS7	- I GAK	sr.		1-	8-83	2 DM
3, 58	Male	4 RACE Whi	+0	5. DATE OF	30	1897	6 AGE LIN YEARS LAST I	BINTHDAY)	MONTHS DATE	HOURS MIN
-	MALE (STATE OF FOREIGN	- 1 Y 1 - 1	WHAT COUNTRY?		-)0	1091		YRS		
A	tsburg Kans		.S.A.	MARRIED			9 BALTIMORE CITY		imore	
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN	G HOME OR		DRCED	12a. USUAL OCCUPA			MD. OF BUSINESS OR
F	Randallstown	Balti		DORESS)		losp.	Western			T BOSINESS OK
30	AL RESIDENCE (IF NURS) STATE Aryland		GIVE RESIDENCE BEFORE 134 CITY OF TOWN Westmir	N . 11	3d. INSIDE CIT	Y LIMITS?	13° 1745 ATES	ster	Church	7. Ra. 7
-	ATHER'S NAME				5 MOTHER'S					
/	Joseph	MIDDLE	Kasti	gar	P	Intoir	nette MIDDLE		unkri	ówn
15	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI		7 INFORMAN			RESS		
	YES NO OR UNKNOWN) (IF YES GI	I	215-03	-968₿	Mare	garet	Kastigar	r (san	ne as a	above)
	PART I. DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA Canditions, if ony, which gave rise to immediate cause in stating the underlying cause last	D BY: TE CAUSE (o) DUE TO, OI (b) DUE TO, OI (c)	PNE RAS A CONSEQUE RAS A CONSEQUE	NCE OF	ON PELAYED I	O THE TEDAN	INAL DISEASE OF CO	NDITION CIV		umate interval Onset and Death
No	RENAL SHO	IT DAL	1 1	/ -			= GANGE		C Shade	All BOWE
CERTIFICATION	90 DATE OF OPERATION 6-26-8:	3 196 CONDI	TION FOR WHICH		WAS PERFOR		200 AUTOPSY?	20b. IF YES	S, WERE FINDING YING CAUSES	IGS USED
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINED AND AND AND AND AND AND AND AND AND AN		M. MONTH DA M.	Y YEAR	TI LOCATION	3.8	ED (ENTER NATURE OF IN.			
ME	NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	02	CITYOR	OWN	COUNTY	STATE
	270 I certify that (I) (this hasp sow the deceased alive on above, (I) (we) (did) (did no	1-8	19.8			ur) apinion d	leath accurred on the	date and hav	r and Iram the o	
	22b. SIGNATURE	-	5	DE		ENDING	MEDICAL ST.	AFF ICIAN (L)	720 DATE	SIGNED -83
	224 PHYSICIAN'S NAME (TYPE C				12e ADDRESS					
	ORIANDO B	· CON	ANAN	Med !	BCGI	4-R	ANDALLS	TOWN	ne	21133
23o. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N			EMATORY	23d. LOCATION		- Dullar	no a T Trace Bill of
	(SPECIFY) Burial	7-11	-03 S	t. Jo.	hn's (eme te	ery Westr	ninste	er car	TOTI MIG.

Thomas D. Fletcher & Son Find Date REC'D. BY REGISTRAR THE GISTRAR'S SIGNIVE WAS THE WATER TO BE THE TOTAL TO THE PROPERTY OF
the busintranst permit. Then please remove corb and Membli Hygiene prior to busin's cremation, or a

ATTENDING PHYSICIAN, The low

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MACRIANT, If Nem 21 is marked or them could be detached for use as the built file State Degit, of Health and M. TO FUNERAL DIRECTOR, After

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

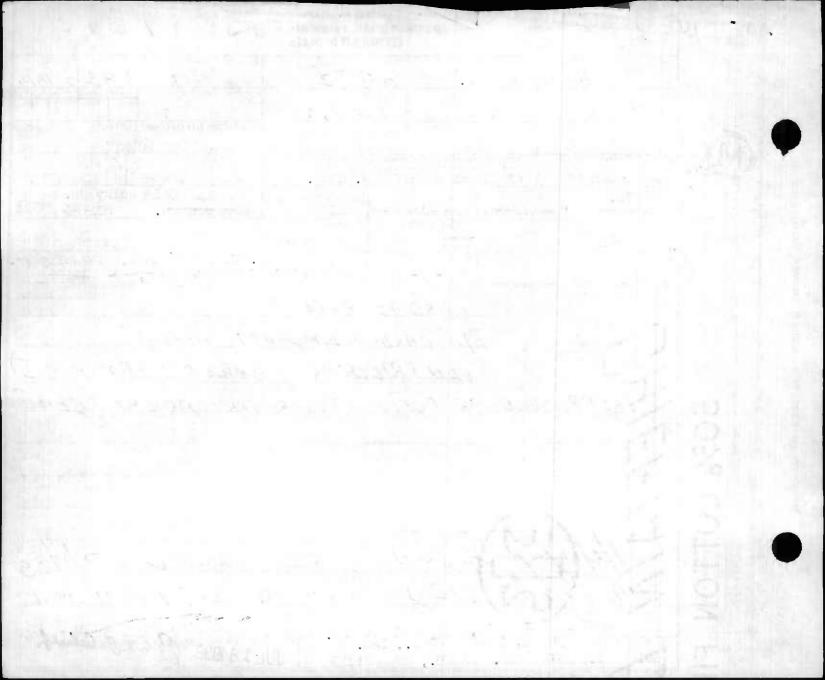
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P	1.	FOR 7/21/83 K. STATE REGISTRAR	am			ALTH AND MENTAL HYG CATE OF DEATH	REG. N	0.	0 9	3
		CEASED NAME FIRST	WIDDLE		LAS	it	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
-21	(TYP	E OR PRINT) HFN	RY J.		KA	172.		7 1	183	8.16 PM
	1. SE	X	4. RACE		S. DATE OF		6. AGE (IN YEARS LAST BIT		FUNDER I YEAR	IF UNDER 24 HRS
13		M ALE	WHITE		JUN	E 24, 1913		70 _{RS.}	DMINS DATS	ACORS MIN.
18		IRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHA	T COUNTRY?		XXNEVER MARRIED -	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
27		NEW YORK	USA		WIDOWED		BALTIMO	RE COU	NTY	MD
1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSP			OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS OR
0	R	ANDALLSTOWN	BALTIMOR			. HOSP.	SCHOOL T			UCATION
3	130.	AL RESIDENCE (IF NURSING HOME OF STATE VA. 136 COL	INTY 13c	RESIDENCE BEFORE A CITY OR TOWN CANDALLS		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	5014 S	ulky D #211)r. 33 23228
Let's	14. F.	ATHER'S NAME		Kichmond	ī	15. MOTHER'S MAIDEN NA	ME			
2	6	MAX	MIDDLE	TZ		ROSE	MIDDLE	D	IAMOND)
		WAS DECEASED EVER IN U.S. A		SOCIAL SECUR	ITY NO.	IT INFORMANT MR	S. EMMA RUT			
2		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	13-01-6	598	3903 AMY LA	NE RANDALLS			1133
-	H	18 CAUSE OF DEATH (Enter of	only one course per line t	for (a) (b) and	(61.)				APPROX	ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY:	ARDI		ARREST			30,1310,131	
		WIDD IMMEDIA	ATE CAUSE (a)	,		11/12-01				
	ш	7700	DUE TO, OR AS	A CONSEQUEN	PALO	PUL MONIA	DY DR	REST	19147	
		Conditions, if any, which gave rise to immediate	(b) 3/	P LA	ΔDIQ	PUR IIIII		1231	1	7.1
		cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUEN	BOF	III AD F	DRILLA	TION	1120-	TO NI T
			(c)	PIY	MU	JEIIK FI	DKICLA	11014		017.
	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	RIBUTING TO DE	EATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	1 TE	NINPARITI	INT NE
-	18	CEKEDAUVI	35CULHA	HCC HEOS WHICH C	DEPATION	WAS DEDUCED OF THE	MIRY AUTOPSY?	20h JE YES	WERE FINDI	NGS LISED
1	CERTIFICAT	90 DATE OF OPERATION	196. CONDITION	A FOR WHICH C	PERATION	WAS PERFORMED	200 AOIOF31.		TING CAUSES	S OF DEATH?
1	E						YES NO	YES		NO 🗌
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1	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	(ER) P.M.		19					
	MEDICAL	21d INJURY OCCURRED	218. PLACE OF IN	ACTORY, OFFICE FAI	RM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	12	HILE NOT WHILE AT WORK							T.C.	
		22a L certify that (1) (this has	pital) attended the dec	ceosed from		, 19	, to		9	that (I) (we) last
		sow the degeosed alive o	on the book of	Nelsonia 19	, onc	that in (my) (our) opinion	death occurred on the a	ote and hour	and from the	causes stated
		22b. SIGN / U/L	1 1	1 1	A D	EGREE			22c. DA'E	SIGNED/
		13/000	1. xx	ophi		ATTENDING PHYSICIAN [MEDICAL STA		7	111/87
7		22d PHYSICIAN S NAME	demost	0		27e ADDRESS	J DIRECTOR LI FITTS	CIACO	-	1100
		HAFEE 2	- A 3	YED)		BALTIMOR	E COUNT	746	EN	HOSP
	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d LOCATION		double	
		(SPECIFY) BURIAL	JULY 14,1	983 RF	TH EI	MEM PARK	RANDALI	STOWN	BALT	O. STATE
12		UNERAL DIRECTOR SO	LEVINSON	& BROS.	. INC	25ti. DA1	E REC'D. BY REGISTRA	26 RECIST	RAR'SGIGNA	uticles
6		6010 REISTERST	OWN RD. BA	LTO. M	ID 2	1215 JU	1 8 1983	0	-0	
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STATE OF MARYLAND

was correct not out in the



	1.	STATE REGISTRAR			DEPARIA		ICATE OF	DEATH	int O	REG. NO.			
oy be death		CEASED NAME OR PRINT)	UC ILL	LE S	MIDDLE	KA	JF MAN		2a DATE OF	EATH MONTH	23	83	3:30
moy pag	3. SE	FFMALE	4. R	Cauc	asian	5. DATE (1897	6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER 24 H
17 the		BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		76. CITIZEN OF WHAT COUNTRY? USA		MARRIED NEVER MARRIED							
M TO	100	TY OR TOWN OF DEAT	GI	GBMO N 670 (14. GN STREET GHARLES ST.				120. USUAL O- (TYPE OF WORK I TEACH	OR MOST OF WORKIN	GLIFE) IND	DUSTRY	SCHO!	
fille outd	USU 30.5	AL RESIDENCE (IF NURSIN STATE II MD.	BALTII		GIVE RESIDENCE BEFORE 130. CITY OR TOW TOWSON		13d. INSIDE (CITY LIMITS?	13e. STREET AL 205 1	DDRESS JOPPA	RD.	2120)4
and within and 2 th and 2 th and 3 th	14. Fz	SAMUEL	H.	DLE	S PEA KI	2	15. MOTHER	'S MAIDEN NA FIRST RAH	ME	MIDDLE H.	 HODGES 		
Poges		VAS DECEASED EVER IT YES, NO OR UNKNOWN)	N U.S. ARMED		214-74-		MRS.		KANTZI	ADDRESS 416 1	WINDE BURY.	R ST	
uses that the de- igned by the att en please remov- burnal, crematic vry, or other tras-	CERTIFICATION	Canditions, if any, governments to immediatelying course PART 2. OTHER SIGN	ediate the iost.	(c)		DRAT		ER IN		GI TRA		PART 110	1
or the rape		THE DATE OF OPERATE	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	20a AUTOF				IGS USED OF DEATH?
PHYSICIAN. The reding physicial physicial physicial physicial physicial physicial physician for Memtel Physician 18 should be a company of the physician phy	MEDICAL CERT	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IFEITHER, NOTIFY MEDICA THE THURS OCCURRE	AUSE OF DEATH ALEXAMINER)	P. 21e. PLACE		AY YEAR	21c. HOW IF	ION		CITY OR TOWN	18 PART I OR	PART 2)	STATI
TTENDBAG pirol or ath TOR after for use as th of Health or 21 is marke		220.1 certify that (I) (to the decease above, (I) (we) (di	this haspital),	1-23	19_	6-28 83	nd that in (my	, 19. <mark>83</mark>	, 10	23 an the date and	19 <u>8</u>		that (I) (we)
PITAL OR A by the box EBAL DIREC as detoched Store Dept.	X	DALLE THE PHYSICIAN S NA	sier	nu	mo		DEGREE	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	1 2:		4/83
TO FUNE thoold by with the S AMPORTA		DR. PHILL	IP SI	EMER			6701	N. Ch		ST G	ВМС		
BP		BURIAL, CREMATION, R (SPECIFY) BURIAL		JULY 2			EMETERY OR	CREMATORY H CEM.		TION RIOWN MINSTER	CARRO		MD.

24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

COUNTY STATE 10 83 , that (I) (we) last e and haur and fram the causes stated 220 DATE SIGNED 7/24/83 **GBMC** MEADOWBRANCH CEM. WESTMINSTER CARROLL 6500 YORK RD. 21212

IF UNDER 24 HRS

126. KIND OF BUSINESS OR

PUBLIC SCHOOL

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

FEMALE Constant 7 R - 96 Established

MOST ... TO STATE ... SOS

HYPOTENSION

- ? SEPSIS/ GI BLEED
- ? PERFORATED ULCER IN UPPER GI TRACT

7/24/83

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OR. PHILLIP SIEMER M.D. 6701 N. CH PLES ST.- GBMC

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campitals it little in the testional behavior to the buriol-transit permit. Then please remove carbon papers. Pages I and I should be little with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or removal.

njury, or other troumatic event, the

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

FOR - STATE

TYPE OF PRINT

Towson

3 SEX

REGISTRAR

FIR51

Paul E. Kemp

4 RACE

White

DECEASED NAME

Male

70. BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY GENE 3 CERTIFICATE OF DEATH July 6, 1983

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Fe'8" 1, 1903

MARRIED NEVER MARRIED WIDOWED DIVORCED

MIDOLE

76 CITIZEN OF WHAT COUNTRY?

28 AlleghanyAve.

YEAR

IF UNDER 1 YEAR

26 HOUR

126. KIND OF BUSINESS OR

Printer

REG. NO

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

Retired Most of working LIFE)

6 AGE (IN YEARS LAST BIRTHOAY)

120 USUAL OCCUPATION

80

1	USUAL RESIDENCE (# NURS 130 STATE Maryland	136 COUNTY Baltimore	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN TOWSON	13d INSIDE CITY LIMITS? 130 28 EAADPRESS hay Ave., 21204
4	late Geroge	W. Kemp	LAST	late Ruth A Dulaney LAST
	NOS NO OR UNKNOWN)	IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES]	216 10 3705	Paul D Kemp 4603 Leisure Ct Ellicott City
	Conditions, if ony gove rise to improve couse (ID), stofir underlying couse	DUE TO, O which hediote in the lost in th	RAS A CONSEQUENCE OF PAS A CONSEQUENCE OF Decourse	Melluts I NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0
1	190. DATE OF OPERA		ITION FOR WHICH OPERATIO	DN WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES
9	OR CONTRIBUTING COUNTY WED! 21d INJURY OCCUR! WHILE NOT WHAT WORK AT WORK	CALEXAMINER) P.J. RED 21e. PLACE 6 LAT HOME, STE		211 LOCATION STREET CITY OR TOWN COUNTY STATE
	220.1 certify that (1) sow the decease	(this nospital)-attended the ed alive an additional view the body	la 8 3	19 78, to 19 83, that (I) (we) dost and that in (my) (own) opinion death occurred on the date and hour and from the causes stated of GREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7 July 85
	230. BURIAL, CREMATION,		23c. NAME OF C	CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Baltimore Maryland
	24 FUNERAL DIRECTOR Harry MH Witz	ke 4112 Colum	nbiaRd Ellicot	tt city 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 1983

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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	garania.	roll soni	100	
gred constant of			1 35 2 36 4	
	William D			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENG CERTIFICATE OF DEATH	-3		1	7	6	9	6	
CERTIFICATE OF DEATH		REG. N	10.					
(AST 2a D	ATE OF	DEATH	MONTH	DAY	YEAR	2	NHO	ī

1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENE 3	17	6 9	6
	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P
(14)	LEC	RA	V. 1	KENN	JARD	July 25.	1983		900
3. SE		4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Female	Wh	ite	Feb	. 10. 1889	94	YRS.	IHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY O		DEATH	
1	COUNTRY) MD	USA	Δ	WIDOWE	D NEVER MARRIED U	Baltimo	re Cou	ntv	MD.
10.0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON	126. KIND OF	BUSINESSOR
le.	erry Hall		CHEACILITY, GIVE STREET		d	Homema		NDUSTRY Own	Home
USU 13a.	TAL RESIDENCE (IF NURSING HOMES STATE	N OTHER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOWN	/N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3215 Tin		ne 2	1218
14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N.	AME		LAST	
1	Forrest	WIDDLE	Bovk	in	Augusta			Roam	
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	-	17. INFORMANT	ADDRE	55		
1	(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	212 18 5	5422	Gordon L.	Kennard.	Balto.	. MD	
	18. CAUSE OF DEATH (Enter of	inly one couse pe				,			MATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)		ryoca	rdial wi	far dir			
	4100		R AS A CONSEQU	ENICE OF	0				
П	Conditions, if any, which	DUE 10, C	Corn		artery	dis.	san di		
	gave rise to immediate cause (a), stating the	0)	DAS A CONSTOU	0	9				
	underlying couse lost.		R AS A CONSEQU	ENCEOF			63		
	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
Z									
CERTIFICATION	190 DATE OF OPERATION	196. COND	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				206. IF YES, W IN CERTIFYIN YES	G CAUSES	
E E	21g. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART ?}	
	OR CONTRIBUTING CAUSE OF D	AIN	M. MONTH D	AY TEAR					
MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION	City OR TO	Na/a)	COUNTY	STATE
×	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, I	FARM, ETC)	SIMEEL	CHYOKIO			STATE
	22a.1 certify that (I) (this-limit	idulacongrided ()	yr deceased from "	Jus	19.78	10 July	25 191	755	hat (I) (we) last
	saye the deceased alive a above, (I) (ee) (did) (did)	Mury 8	192	0	nd that in (my) (aux) apinion	n death occurred on the d	ote and hour or	nd from the c	ouses stated
	22b. SIGNATURE	1	101001300010		DEGREE			22c. DATE S	SIGNED
	Nott lo	old	/		ATTENDING PHYSICIAN	MEDICAL STA		7.20	6.1983
	224. PHYSICIAN'S NAME (TYPE	OR PRINT	/		22e ADDRESS				
	Dr. Robert	Rouhenc	ff MD		7652 A B	Belair Road	Balto	. MI	
23a.	BURIAL, CREMATION, REMOVA				CEMETERY OR CREMATORY	23d. LOCATION			
	Entombment	7/28			ne Park	Balto.,	c	OUNTY	MD
			Jenkins8			ATE REC'D. BY REGISTRAR	256 AEGISTRAI		
	.905 York Roa			212		1111 26 1983	John	- Oh 4	meny

21212

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, Pand 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ows any injury, ar other troumatic ev

IMPORTANT: If hem 21 is marked or them 18 str

4905 York Road

Balto., MD

11, 1 _____crueS_anotificS Central Hills (101) February Front ME Callingra y Call liver the State Connection of the state of the No. 11 18 5 ER Santon I. Kinning J. D. D., August terminal colors and one medical seeks to be interested. troops of the direct series to be Middle Middle Cale Cale Control Control Control

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours et

FOR STATE REGISTRAR		DEP	STATE OF MARYLAI ARTMENT OF HEALTH AND M CERTIFICATE OF DI	ENTAL HY	E
CEASED NAME	E (DC?	MIDDLE	IAST	20	DAI

17597

(TYPE OR PRINT)		MIDDLE					
			LAST	20. DATE OF DEATH	MONTH OAY	YEAR	26. HOUR
	ALBERT	KER	MISCH	SUN. JULY	31,1983	3	10:40 RM
SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF U	HOER LYEAR	HOURS MIN.
MALE	WHITE	NOV	11,1903 YEAR	79	YRS.	DATS	HOORS MIN.
G. BIRTHPLACE (STATE OR FOR MARY LAND	IBIGN 76. CITIZEN OF	WHAT COUNTRY? 8 MARRIE WIDOWI	ED NEVER MARRIED DED NORCED D	9. BALTIMORE CITY OF BALTIMOR			MD.
PIKESVILLE,	MD. 11. NAME OF I	HOSPITAL, NURSING HOME (H FACILITY, GIVE STREET ADDRESS) SLADE AVE. A	OR OTHER INSTITUTION .PT. 106 (21208)	17a USUAL OCCUPATI ITYPE OF WORK FOR MOST O BROKER	F WORKING LIFET	NDUSTRY	Estate
JSUAL RESIDENCE (IF NURSING STATE MARYLAND	SHOME OR OTHER INSTITUTION BLACTIMORE	GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN DIMECVILLE	134 INSIDE CITY LIMITS	130 STREET ADDRESS 11 SLADE A	VE. APT	. 106	(21208)
4 FATHER'S NAME BERNARI	MIDDLE	KËRMISCH	ANNIE	MIDDLE		υŃ	KNOWN
WAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 215-09-2210	IRWIN KERM	ISCH 830 W.			PKWY (212:
PART 2. OTHER SIGNII 190. DATE OF OPERATIO 210. ACCIDENT WAS UNDER	the last. DUE TO, O	R AS A CONSEQUENCE OF DISTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
T				YES NO X	YES [NO 🗌
00.00-100101101010 0.0	USE OF DEATH HOUR A.	M. MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART I	OR PART 7)	
IF EITHER NOTIFY MEDICA 21d INJURY OC CURRE WHILE NOT WHILE AT WORK	LAT HOME STI	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	0	COUNTY	STATE
	his haspital) attended the	1.	ind that in (my) (aur) opinian	, ta	19_		that (I) (we) last causes stated
22b. SIGNATURE	and K	R a	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [27c DATE 8/1	
22d PHYSICIAN S NAA	,	()	27e ADDRESS	IADE AVE D	AITO MI	0 (2	
	NARD KOTZ		11 5	LADE AVE. B	ALIU, MI	0. (2	1208)

DHMH - 16 50M 4/82 (VRA 15, 4)

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etoined by the hospital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the financial direct should be detached for use as the burnal-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fined with the State Dept. of Health and Mental Hygiene prior to burnal, cremotion, or removal.

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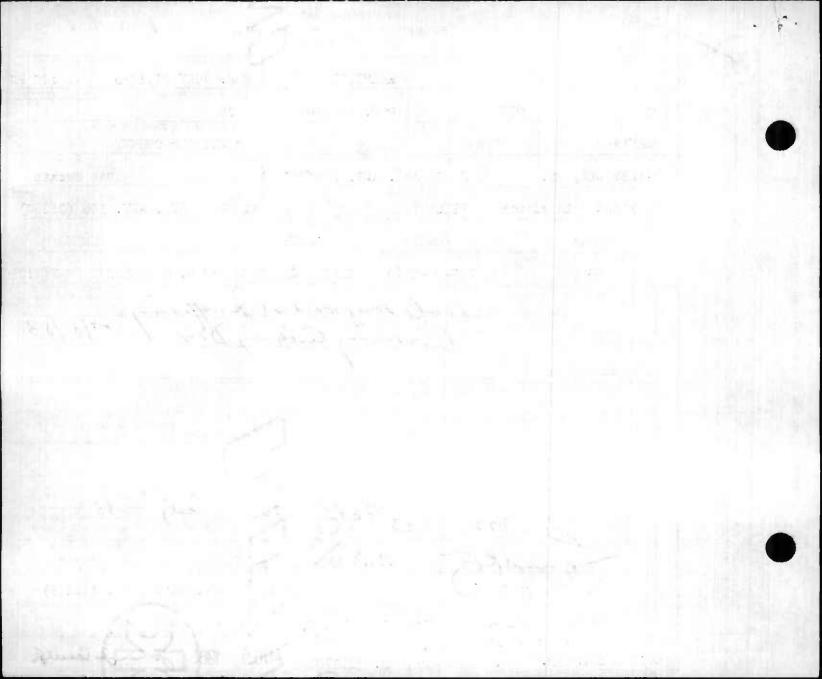
injury, or ather troumatic event, the

MPORTANT: If Item 21 is marked or Item 18 shows ony

6010 REISTERSTOWN RD. BALTIMORE, MD.

AUG 4

1983



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTED THE CHIEF MEDICAL EXAMINER ALONG WITH FOWER 19. 2, AND TO THE HOMER AFORD A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOWER 19. 3, ELAIN PAGE FOR THE STATE DEPARTMENT OF HEALTH AND MENTAL HRANSIT PERMIT. PAGES IN 25 SHOULD BEFRIED WITHIN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIVISION DEVINE HEALTH AND MENTAL HYGIEINE, DIVISION DEVINE HEALTH AND MENTAL HYGIEINE, DIVISION DEVINE HEALTH AND MENTAL HYGIEINE.

DHMH - 17

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			13	6
		0	7	Ö
REG	NO.			-

EGISTRAR			EXAMINER	LTH AND MENTAL I	HAGIENE	17	6 9	8
EASED NAME	E FIRST	MEDICAL	EXAMINEN	LAST	20. DATE	REG. NO.	MONTH DAY	YEAR 26 HOUR
OR PRINT]	Keith	Allan	1	Kerr	OF	H MATED		983 M
	4. RACE 5.					16		YEAR 2d. HOUR
le	White	10/11/44	38 YRS.	AONTHS DAYS HOURS	DEA	AD		
THPLACE (ST	ATE OR 76	CITIZEN OF WHAT COU	NTRY? 8 M	ARRIED NEVER MARI	RIED Y BALTI	MORE CITY OR	COUNTY OF DE	ATH
		U.S.A.				Itimore	County,	MD
		F NOT IN SUCH FACILITY, GIVE	STREET ACIDRESS)		FOR MOST OF WE	ORKING LIFE	OR I	D OF BUSINESS INDUSTRY TR
RESIDENCE (ATE ARYLAN	D ALLEGA	THE STITUTION, GIVE RESIDENC	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	134. STREET ADD	RESS MAIN S	TREET	3/532
THER'S NAME FIRST ROBER 1	- A		RIAST	FIRST	TH	MIDDLE	STE	INLA
		R OR DATES)		7.36.73				AIN ST.
& CAUSE O	F DEATH (Enter only o	ine cause per line far (a), (t	a), and (c).)				APP BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
lying cou	ise last.	(c)		DISEASE OR CONDITION GIVEN IN P	'ART 1 a			
19a. DATE OF	OPERATION	196. CONDITION FOR	WHICH OPERATIO	20 AT	20 AUTOPSY?			
UNDERLYING	AL CAUSE WAS O OR NG CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH		Ic HOW INJURY OCCURR	ED LENTER NATURE OF	INJURY IN ITEM 18 PAR	YE	S XX NO
UNDERLYING CONTRIBUTION 21d INJURY O	OR NG CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR 19 Y (ATHOME, 21f	It HOW INJURY OCCURR F. LOCATION STREET	RED (ENTER NATURE OF		YE	
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR				4211111	ICALL OF D		REG. NO).		
	CEASED NAME	FIR57		MIDDLE	- 1	LAST		20. DATE OF DEATH	HTMON	DAY YEAR	2b HOUR
(TYPE	OR PRINT)	Bertha		М.	Ke	ershaw		July	26,1	.983	2:35P M
3. SE.	X		4. RACE		S. DATE C			6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Female		White		Sej	pt. 30,	1896	86	YRS.		MIN.
	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8	D NEVER A	APPIED T	9 BALTIMORE CITY OF	_		
M	faryl and		U.S.A		WIDOW	DIX DA	ORCED _	Baltimor			MD.
10. C	Towson	DEATH /	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A Y TOWSON	DDRESS			(TYPE OF WORK FOR MOST OF Housewife	WORKING LI		OF BUSINESS OR
13a. S	AL RESIDENCE (#N STATE laryland	THE COUN	OTHER INSTITUTION,	ONE RESIDENCE BEFORE 131. CITY OR TOWN Baltimor	N	13d. INSIDE C	TY LIMITS?	130. STREET ADDRESS 2824 Forr	est V	Jiew Av	714
14. F/	ATHER'S NAME						MAIDEN NAM	ME .			
	John		K.	Vinso	n	Clar	İssa	WIDDLE	1	Hersh	berger
16a V	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMA	NT	ADDRE	SS	Silver	r Spring
1	YES NO OR UNKNOWN)	(IF TES, GIV	E WAR OR DATES)	216-03-3	429	Ann K	Kurtz	216 Willi	amsbu	rg Dr.	
	18 CAUSE OF DE	ATH (Enter on	ly one cause per	line for (a), (b), and	d (c).1	1				BETWEEN	ONSET AND DEATH
-	PAKI I. DEATR		E CAUSE (o)	Ceres	bral	val	cellar	monfleen	ay(C	85) 121	2
	437	0	DUE TO O	R AS A CONSEQUE	NCE OF a		/		0	1	,
74	Conditions, if a	ny, which	((b)		ral	ged a	Egesio	selesour		10th	n,
	gove rise to couse (a), sto underlying ca	oting the	DUE TO, O	R AS A CONSEQUE	NCE OF					0	
z	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COND	ITION GIV	VEN IN PART 1	0
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2	19a. DATE OF OPE	KATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	KWED	20a AUTOPSY?		FYING CAUSES	
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	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A	CAUSE OF DEA	TH HOUR A.	PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCC	WHILE	210 PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATIO	N	CITY OR TOV	VN	COUNTY	STATE
	AT WORK AT	WORK			1	eh 23	5 7	Cha	1. 27	03	
	sow the deci	eased plive on		Peck 8 19 8	u/db		, 19 dd (our) opinion (death occurred on the do	te and hou		that (I) (we) last causes stated
	22b. SIGNATURE	e) (dea) (did no	t view the body	after death,	/	DEGREE				22c. DATE	SIGNED
	Free	uriet	200	llucer	1 71/2	1	TTENDING PHYSICIAN	MEDICAL STAF	F IAN 🔲	7-0	77-83
1	22d. PHYSICIAN'S	NAME ITYPE	RESINE			220. ADDRES	S		05.60		
	Freder	ick J.	Vollmen	M.D.		6100	York Ro	oad, Baltimo	re,	Md. 212	12
	BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR	REMATORY	23d LOCATION COT OF OWN Silver	Cnni	n County	Md ATATE
	Burial	Charm !	July 2	9,1983 G	ate	of Hoav	an .	Silver	Shri	0	Ma.

Leonard J. Ruck, Inc. Funeral Home, 5303 Harford

DHMH - 16 50M 4/82

24. FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 77 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or Hem 18 shaws ony injury, or other traumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

etoined by the haspital ar attending physician

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STATE OF MARYLAND FOR Item Part 2 & 21a three ARTMENT OF HEALTH AND MENTAL HYGENE STATE REGISTRAR film 583 8-10-83 cm CERTIFICATE OF DEATH REG. NO I. DECEASED NAME 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) 7-13-83 Kessler 7pm Susan A. & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5 DATE OF BIRTH MONTH VEAD Female White 59 24 BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED S COUNTRY Maryland U.S.A. WIDOWED DIVORCED | Baltimore County IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Md. Riverview Nursing Centre Dependent USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 1879 Church Road Dundalk Maryland Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE V. John Kessler Dorothy Zachurko 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 1879 Church Road (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR GATES) Balto. MD 21222 220-72-4896 Dorothy V. Kessler No 18 CAUSE OF DEATH Enter only one couse per line, for (0), (by, ord (c) PART I. DEATH WAS CAUSED BY audden AS A CONSEQUENCE OF damag rain Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Cerebral injury-car struck by a train-patient comatose since 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING X CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL 20 74 car struck by train (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE road DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN OLD EASTERN AVE Ball Thelziez 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 7/16/83 Oak Lawn Cemetery Baltimore Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS 7922 Wise Avenue, Dundalk, MD 21222

DHMH - 16 60M 1/75 (VR A 15 (4))

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STATE OF MARYLA FOR - STATE DEPARTMENT OF HEALTH AND M

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ı		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	0.			
ł		EASED NAME	FIRST A1	DELE	WIDDLE W.	ı	AST KETTI	ERING	2a. DATE	OF DEATH	MONTH	DAY YEAR	2ь но	DUR
ı	(TYPE	OR PRINT)	DEL		N. KE	TTP	RINA	41110			7 1	5 8:	3 45	2 Au
ı	3. SEX		-	I. RACE	7 / 10-	5. DATE C	OF BIRTH		6. AGE (1	N YEARS LAST BI		IF UNDER 1 YEA	R IFUNI	DER 24 HRS
ı		F		WHI	TE	11	06	18		64		MONINS DAY	SHOUR	S MIN.
		RTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVERA	AAPPIED T	9 BALTIA	AORE CITY O	R COUNTY	OF DEATH		
	-	MARYLAND		U.S	.A.	WIDOWE		ORCED [F	BALTIM	ORE CO	UNTY		MD.
200		TY OR TOWN OF DEA	5.10	(IF NOT IN SUC	HOSPITAL, NURSI	T ADDRESS]			TYPE OF W	OCCUPAT	OF WORKING LIF	E) INDUSTR	Y	INESS OR
9		ANDALLSTOW			RE COUNT		RAL HO	SPITAL	ROC	KKEEP	EK	BANE		
2	13a S		136 COUNT		13c. CITY OR TOV	VN	134 INSIDE C	NO TO		C RO	LLTNG	BEND F	ROAD.	21207
	_	THER'S NAME			MOODERW	14		MAIDEN NA		O RO.	111110	D LLI L	.0112	22201
-)	JOSEPH		M.	WEISENG	OFF		FIRST ULIA		WIDDLE		MAZ	ZIEKA	1
-		AS DECEASED EVER I		NED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMA	NT		ADDR	ESS ELL	ICOTT	CITY	MD.
1	(1	NO	(IF TES, OIVE	WAR OR DATES)	216-01-	3468	JOHN I	F. KETT	ERING	JR.	5002	WORTH:	INGT	N WAY
1		18 CAUSE OF DEATH	1 (Enter only	y one cause per									DXIMATE IN	
1		PART I. DEATH WA	AS CAUSED	BY:	ARDIDE		ONAR	y A1	RRE	37				
1		1627	IMMEDIATE		R AS A CONSEQU									
1		Conditions, if ony,	which	DUE TO, O	BRAIN) re	IFTA	STAS	SIS	,				
1		gove rise to imm	ediote) (0)				<u> </u>						
1	100	couse (a), stating underlying couse	g the lost.	DUE TO, O	RAS A CONSEOU	NO DE	111	7=	1111	113		6		
1		PART 2 OTHER SIGN	HEICANT CO	ONDITIONS CO	NITPIBLITING TO	DEATH BUT	NOT PELATED	TO THE TERM	INAL DISE	ASE OF CON	DITION GIV	EN IN PART	liai	
	N	TAKE OTTEK SIOT	TO TO THE CO	0110110110 <u>C</u>	JANKIBO III O	DEATH OUT	NOT KEERIED	TO THE TERM	INAL DISE	AUL ON CO.	011011011	Els Wall HART		
9	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AU	TOPSY?	20b. IF YES	, WERE FINE	INGS U	SED
	IFIC.								YES	NON I	IN CERTIF	YING CAUS	ES OF DE	
d	ERT	21g. ACCIDENT WAS UND	ERLYING [216. TIME C	FINJURY		121c HOW IN	JURY OCCURE	_					
7		OR CONTRIBUTING C	AUSE OF DEAT	H HOUR A.	M. MONTH D				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1	MEDICAL	(IF EITHER NOTIFY MEDIC		P. 21e PLACE		19	211. LOCATIO	N				-		
1	MEI	WHILE NOT WHI		(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC)	STREET			CITY OR TO	NWN	COUNTY		STATE
1	2	AT WORK AT WOR	K L											
	-	22a.l certify that (I) sow the decease		oi) ottended th	e deceased from,		nd that in (my)	_, 19	death occu	rred on the d	ete and hou			(we) lost
		above, (I) (we) (d		view the body	elter death			(cor) opinion	deom occo		ore ond noo		TE SIGNE	
	100	110. SIGNATURE	1	10		>	DEGREE	TTENDING	MEDICA	L STA	FF /	ZIC. DA	SIGNE	703
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		14141-66	2	17 57	EUM	('')	10174	11110	14	COUN	17	GEN	170	5/5
	- 1	URIAL, CREMATION, P	REMOVAL	236. DATE			EMETERY OR C			CATION STY OR TOWN		COUNTY		STATE
	_	REMATION		07-16-	-83	LOU	DON PAR				MORE C			YLAND
		NERAL DIRECTOR			ADDRESS		21229	25a. DAT	E REC'D. B'	Y REGISTRAR	294 EGIST	RAR'S SIGN	ATURE.	. 1
	HU	BBARD FUNE	RAL H	OME, IN	C. 4107	WILKE	NS AVE.	JU	IF I	D 1202	Jour	mon c	one	31

DHMH - 16 50M 4/82 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phe should be detached for use as the burial-transit permit. Then please remove cortients with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain

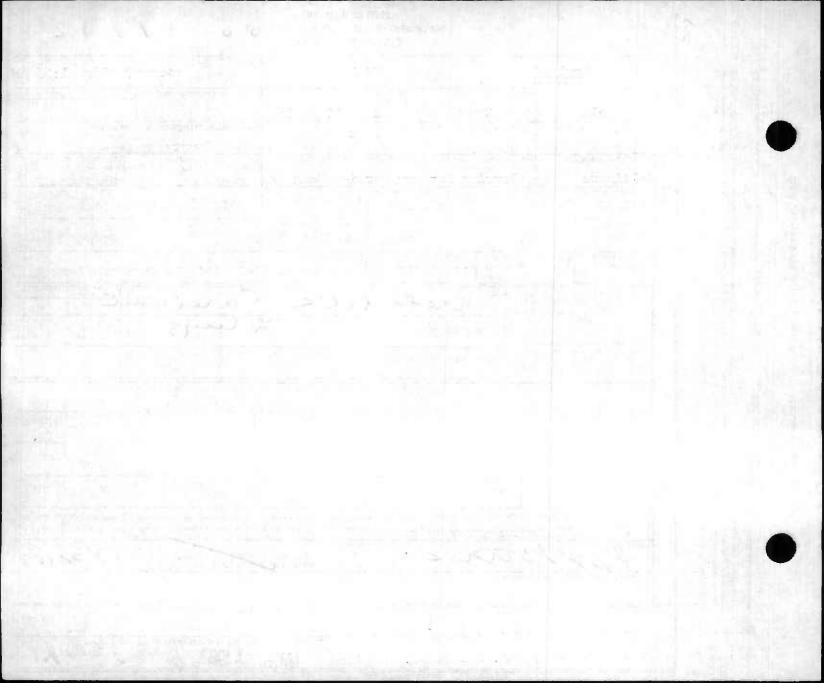
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE 3

1'	REGISTRAR			CERTIF	ICATE OF DEATH	REC	, NO		
	PECEASED NAME ROWland		MIDDLE	K	iel	20. DATE OF DEAT		27xx15x 30 83	1:35 AM
3.5	male	4. RACE Ca	u	5. DATE O		6 AGE (IN YEARS LAS	T BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	N.S.A	WHAT COUNTRY?	WIDOWE			nty B	altimore	
	Baltimore UAL RESIDENCE (IE NURSING)	Perri	ng Parkwa	y Nu	csing Home	12a USUAL OCCUP (TYPE OF WORK FOR MC	ST OF WORKING		Road
130	Maryland 136 COUN	TY TUTION	13. CITY OR TOWN Baltimor		13d INSIDE CITY LIMITS? YES NO [13e. 4014 E.	ss North	ern Park	way OC
Be		MODIE .	^{las} Kie		Molliet Molliet	MIDDI		Hedge	S
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUR 213-03051		INFORMANT Lorraine A. K		E. No	rthern P	Parkway
CERTIFICATION	gave rise to immediate cause (a), stafing the underlying cause lost. PART 2 OTHER SIGNIFICANT ((c) CONDITIONS <u>CC</u>		EATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF Y	YES, WERE FINDIN	NGS USED OF DEATH?
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	YES NO		YES [] 8 PART 1 OR PART 2)	№ []
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		IRM, ETC)	211 LOCATION STREET	CIRAC	R TOWN	COUNTY	STATE
	27a.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no		19		, 19, 19		STAFF		
24	BURIAL, CREMATION, REMOVAL	236. DATE Aug. 2	, 1983 Ga	arden	emetery or crematory of Faith of Faith	234 LOCATION CITY OF TOW BAITIN E REC'D. BY REGISTI	nore	COUNTY MG	STATE STATE
	Leonard J. Ruck	, Inc. E	Baltimore,	Mar	yland AUG	1 1983	John	ngo las	relf

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FOR - STATE

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executed within 24 hours after death. Page

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE SAME

REGIS"	TRAR			CERTIF	ICATE	FUEATH		REG. NO).			
1. DECEASED			MIDDLE	_ L	.AST	8 11 11	2a DATE C	F DEATH	MONTH	DAY YEAR	2b. HOUR	
(TYPE OR PRINT)	NOR'	VAL	Н.	K	ING	JR.		7	06	183	12:02A	
3. SEX		4. RACE		5. DATE C			& AGE (IN	YEARS LAST BIRT	HDAY}	MONTHS DAYS		
MAL	.E	CAU	CASIAN	MONTH 8	05	1908	74		YRS.	MONTHS DATS	ACORS MIN.	
To. BIRTHPLAC	CE (STATE OF FOREIGN	76. CITIZEN O	F WHAT COUNTR	Y? B.	D NEV	ER MARRIED	9 BALTIM	ORE CITY O	R COUNT	Y OF DEATH		
ME		L	ISA	WIDOWE	_	RE CO	YTNUC	MD.				
10. CITY OR T	OWN OF DEATH		F HOSPITAL, NUR			126 KIND OF BUSINESS OF						
TOWS	ON	GBMC-	670 TY, GIN STRI	CHAR	LES S	T.	WORKING LI	STOCK				
USUAL RESID 130. STATE	DENCE (IF NURSING HOME 136 COL		13t. CITY OR TO		134. INSID	E CITY LIMITS?	13e. STREET 23	ADDRESS RUX	/IEW	CT.	21204	
	NAME FIRST JORVAL	H. KI	NG, LAST	₹.		ER'S MAIDEN NA	AME	WIDDIE	В	DEHMË	ন	
	CEASED EVER IN U.S. A		166 SOCIAL SE	CURITY NO.	17 INFOR	MANT		ADDRE	SS			
NC NO OR		GIVE WAR OR DATES)	216 10	3522	CH	ARLOT	TE L	. KIN	G,	SAN	1E	
18 CAU	USE OF DEATH (Enter	only one couse p SED BY: ATE CAUSE (0)_	MYOCA	RDIAL	INF	ARCTION				BETWEEN	DAYS	
gove couse under		DUE TO,	OR AS A CONSEC	DUENCE OF		INCE J						
	OTHER SIGNIFICAN	CONDITIONS	CONTRIBUTING T	O DEATH BUT	NOT RELA	TED TO THE TER	MINAL DISEA	SE OR CONE	OITION GIV	VEN IN PART 1	10	
CERTIFICATION 310° VOI 10° VOI	TE OF OPERATION	19b. CON	DITION FOR WHIC	CH OPERATIO	N WAS PE	RFORMED	200 AUT	OPSY?	IN CERTI	S, WERE FIND FYING CAUSE		
	CIDENT WAS UNDERLYING HTRIBUTING CAUSE OF D	EATH HOUR		DAY YEAR	21c HOV	V INJURY OCCUI	RRED (ENTER N	ATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
21d. IN.	JURY OCCURRED	21e. PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE	E. FARM ETC.)	211 LOC	ATION	13.4	CITY OR TO	WN	COUNTY	STATE	
sov	ertify that (I) (this has we the deceased alive cover (I) (we) (did) (did	on_ /d	06 /19	02	726 nd That in (to	7/06 red on the do	-		, that (I) (we) lost e couses stated	
22b. SIC	New	11ct	muju	5	DEGREE		MEDICAL DIRECTO	STAF	F IAN DX		6/83	
	REW MCCAR	THY,M.	D. (GBM	C-6701		HAR LE	SST			
(SPECIFY)	CREMATION, REMOVA			MOUN		OR CREMATORY	234 100	ATION ALTO		COUNTY	MD STATE	
RU	RIAL	7/8/	00	MOON	UL		D/	7110	. ,		IVID	

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician

TO HOSPITAL OR

BP

injury, or other troumotic event, the medical

MPORTANT: If Hem 21 is marked or Hem 18 shows any

(VRA 15, 4)

HENRY W. 4905 YORK ROAD

. JENKINS & BALTO.,M D

SONS COS. DATE REC'D. BY REGISTRAR 256.
21212 JUL 7 1983

registrar's signature

TO SELECT IN TOTAL SE THE MATERIAL SERVICES OF THE SERVICES OF THE STATE OF THE SERVICES OF THE SERV 3441308 NGEVAL R. KINC SE. LEDEN ETR TO SIES OH ALUTTE L. KING, BAY L. SERVERE TITE STREET ARY, 1950 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/

(VRA 15, 4)

executed within 24 hours ofter deoth.

V	1-	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	17	70	4
		CEASED NAME ORPRINT)	VALTE	R R. K	ING	1	AST	20. DATE OF DEATH	7 2	20	HOUR 6:2
	3. SE	MALE		RACE W h	ite	5. DATE O		6 AGE (IN YEARS LAST BIF	YRS.		UNDER 24 HR
35	M	RTHPLACE (STATE OR I COUNTRY) aryland			S.A.	WIDOWE	The state of the s	BALTIMORE CITY O	ORE CO	UNTY	
Z	I	owson		GBMC suc	FF OV GIVE NREET	APP AI	RLES ST.	(TYPE OF WORK FOR MOST O Shipping)	OF WORKING LIFE)	IZE KIND OF BI INDUSTRY Shipp	
35	Ma	AL RESIDENCE (IF NURS TATE ryland	13b COUN		3c. CITY OR TOW 2120	N.	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 28 Alleg	212 ghany	04 Ave. #	2202
30		James	N	W.	King		Edna	R.		Pea	rce
/	16a V	VAS DECEASED EVER			12-07-		Elaine N. I	King28 All		21204 yAve.#	
S ony injury.	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDINGS	
m 18 show		210. ACCIDENT WAS UNI	CAUSE OF DEAT	The second second	. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	YES NO	YES		VO []
ked or fre	MEDICAL	21d INJURY OCCUR	RED		F INJURY ET, FACTORY OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
21 із тог		22a I certify that (I) saw the decease	this hospite	Dottended the	deceased from	7/	nd that in (my) aut opinion		ate and hour	9 83 that	ses stated
E		226. SIGNATU	M	9/01	h, M	1.0.	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE SIG. 7 / 2	4 /83
#		100	10.1	1100	and the same of the same of			3	CINITE		., -,
MPORTANT: If he		DR. R	AME (TYPE OR	OLTZ M	ŋ.	E.	GBMC -670	1 N. CHAR			

STATE OF MARYLAND

1925 F 201 THE ST 1927 the transfer of the state of th atilites a Johnson 6521 poch waven abet. - 11 23188 Common to the

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in by the funeral directol should be detacked for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 hours at with the State Dept. of Mealth and Mental Hygiene prior to burial, cremation, ar remaval. 10 MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page etained by the hospital ar attending physician.

injury, or other traumatic event, the medical exa

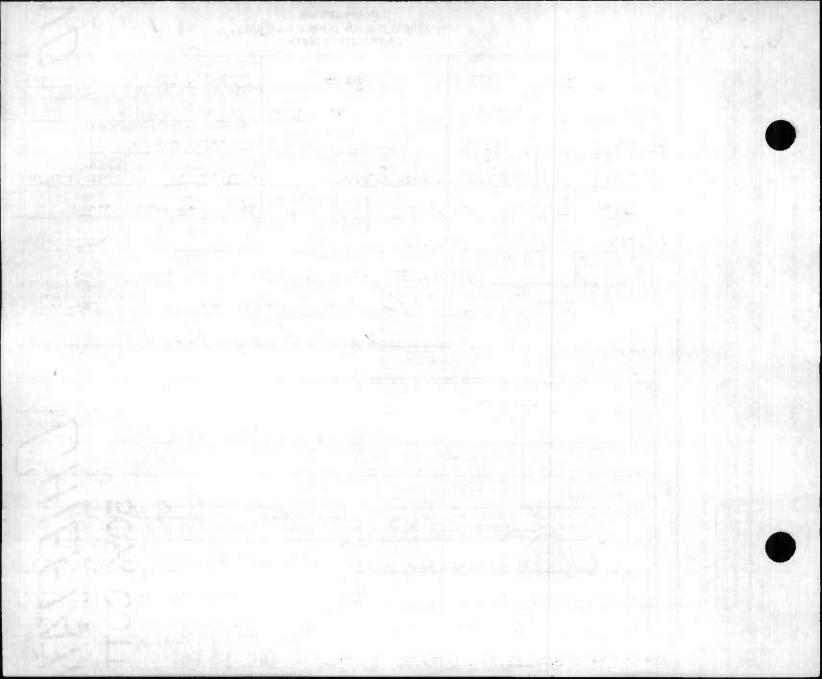
with the store veys: UNPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY SENE 3

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYP	JENE 3	10.	/ 0	3	
1. DECEASED NAME FIRST (TYPE OF PRINT) JOHN			WIDDLE		ı	AST	20. DATE OF DEATH MONTH D		YEAR	26 HOUR	
			HOWARD		KIRSCHNER		JULY 12,	1983		10:30am	
3. SEX			4 RACE		5. DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
MALE			WHITE		3	15 1909	74	YRS.	DATS	MIN.	
78. BIRTHPLACE (STATE OR FOREIGN			76. CITIZEN OF WHAT COUNTRY?		8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	9 BALTIMORE CITY OR COUNTY OF DEATH			
BALTIMORE, MD			U.S.A.		WIDOWE		BALTIMORE COUNTY		7	MD.	
10 CITY OR TOWN OF DEATH				HOSPITAL, NURSIN		OR OTHER INSTITUTION		TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		F BUSINESS OR	
ROSSVILLE			FRANKLIN SQUARE H			PITAL	SHIP FITT			BUILDING	
13e. S	AL RESIDENCE (IF NU STATE ARYLAND	136 COU		13c. CITY OR TOW EDGEMERE	'N	13d. INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRESS 7905 SHORE	E ROAD	2121	9	
14. FATHER'S NAME FIRST CHARLES HI			MIDDLE LAST ENRY KIRSCHNE		lR	15. MOTHER'S MAIDEN NA FIRST MARY	WE	PYLES			
160 WAS DECEASED EVER IN U.S. AL					IRITY NO.	17. INFORMANT ADDRESS		ESS			
(IF YES,			E WAR OR DATES	216.10.3177		JOHN H. KIRSCHNER, JR. (same as 13e)					
NOI				r line far (a), (b., an	dici S					MATE INTERVAL DISET AND DEATH	
	PART I. DE ATH		D BY: CE CAUSE (0)			deac Unest.			30 min		
	4797										
		Conditions, if any, which (b) all, Sch. Card. Masca						oc de	, 2	cos.	
	gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying cause lost (c)										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.										
CERTIFICATION	190 DATE OF OPER	ATION	196. CONDITION FOR WHICH OPERATIO			N WAS PERFORMED	20a AUTOPSY?	UTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
TIF							YES NO				
CES				OF INJURY A.M. MONTH DAY YEAR		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2			ART 1 OR PART 2)	N 10	
CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			.M.	19					8	
MEDICAL	21d. INJURY OCCU			216. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
2	AT WORK NOT WHILE AT WORK			The state of the s			0 1		_0>		
	220.1 certify that (//		72	. 19 4	, to	ly D	983	that (I) (we) last	
	saw the deceosed alive on										
	226. SIGNATURE 221. DATE SIGNED										
П	ATTENDING MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN 7/12/1983									2/1983	
	22d. PHYSICIAN'S NAM										
	ROGER G. WINDSOR, M.D. 1012 OLD NORTH POINT RD. BALTO., MD. 21224										
23c. E	BURIAL, CREMATION		236 DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	BURIAL		7/15/	/1983 C	AK LA	WN CEMETERY	BALTIMOR	Œ,		ARYLAND	
24 FU	UNERAL DIRECTOR			ADDRESS		25e. DAT		-	RAR'S SIGNAT	URE -	
WA	LIER BROOM	KS BRA	DLEY, IN		K, MD	. 21222	JUL 15 198	B , ,	and	comercy	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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page 3

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINE

17706

REGISTRAR	C 1057160		CEKIII	TICATE OF DEATH	REG. N	10.		
I DECEASED NAME	FIRST	WIDDLE		LAST	2a DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
(TYPE OR PRINT)	JOHN	SELDON	KI	TCHNER	JULY 22,	L983		8:00 P _M
3 SEX	4. RACE		5 DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 MRS
MATE	WHI	mra	MARC			R7 YRS	OATS DATS	MIN.
IN RIMPLACE (STATE		N OF WHAT COUNTRY	12 8		RAITIMORE CITY		OF DEATH	
COUNTRY				D NEVER MARRIED				
VIRCINIA	U.		WIDOW	- 100	BALTIMORE			MD.
10 CITY OR TOWN OF	(IF NO	OT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST Shipwrig	OF WORKING LIFE		Coast
FORT HOWA	JURSING HOME OR OTHER INST	MEDICAL CEN	ORE ADMISSIONI		1		1	00000
MARYLAND	A.A.	Brookly	yn	13d. INSIDE CITY LIMITS? YES D NO	13e STREET ADDRESS	VENUE	(2122	5)
Alphonso	WIDDLE	Kitchne	r	Carrie	AME		Dexte	r
	ER IN U.S. ARMED FOR		CURITY NO	17 INFORMANT	ADDR	ESS		
YES NO OR UNKNOWN)	(IF YES, GIVE WAR ORD	150 09	1258	Dorothy Mch	ale 509 Tow	nsend	Ave. (21225)
18 CAUSE OF DE	ATH Enter only one con	use per line for (o), (b), o	and (c)				BETWEEN	ONSET AND DEATH
PARTI. DEATE		(a) PULMONAR	Y EDEM	1A			5 MIN	JUTES
440								
Conditions, if o		CONGESTT	VE HEA	RT FAILURE A	ND PNEUMONT	4	UNDET	CERMINIE
gove rise to	immediate)	TO, OR AS A CONSEQ	UENCE OF					
PART 2 OTHER S	IGNIFICANT CONDITIO	ONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
ATHEROSO	LEROTIC HEA	ART DISEASE	. DIAR	ETES MELLITUS	S TYPE II			
ATHEROSO 19a DATE OF OPE 21a. ACCIDENT WAS		CONDITION FOR WHIC			20a AUTOPSY?	206 IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
21a. ACCIDENT WAS		TIME OF INJURY		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJE	IRY IN ITEM 18 PA	RT OR PART 2)	
	CAOSE OF BEATH		DAY YEAR					
OR CONTRIBUTING L		P.M. PLACE OF INJURY	19	211 LOCATION				
WHILE NO		OME STREET FACTORY OFFICE	E FARM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
AT WORK AT	WORK							
22a I certify that	(I) (this hospital) atten-	ded the deceased from	MAY	27 19 83	to JULY	22	9_83	that (I) (we) last
sow the dece	eosed alive an	19.	83	nd that in (my) (our) apinior	death occurred on the a	ote and hour	and from the	couses stated
226. SIGNATURE	A J	e body offer deoffi.		DEGREE			220 DATE	SIGNED
Pier	no Autu	ono Mi).	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN X		
	ANTUONO, M	D.		22e ADDRESS				
				VA MEDICAL	CENTER FOR	L HOWAI	RD MD	21052
23a. BURIAL, CREMATIC	N, REMOVAL 236 DA	ATE 23c	. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
Burial		26/83	Holy C	ross Cem.	Brooklyn		A.A.	Md.
24 FUNERAL DIRECTOR	Balto., M	d. 21225			TE REC'D. BY REGISTRAR	25b 45 71910	AR 5 SIGNAL	
George J. (Conce F.H.	4001 Ritch:	le Hgy		UL 25 1983	John	2.0	chield

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical finds should be detached for use as the buriol-transit permit. Then please remove carbon papers, Puggas with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or remove

injury, ar other traumatic event,

marked ar Hem 18 sha

IMPORTANT: If Hem 21 is

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

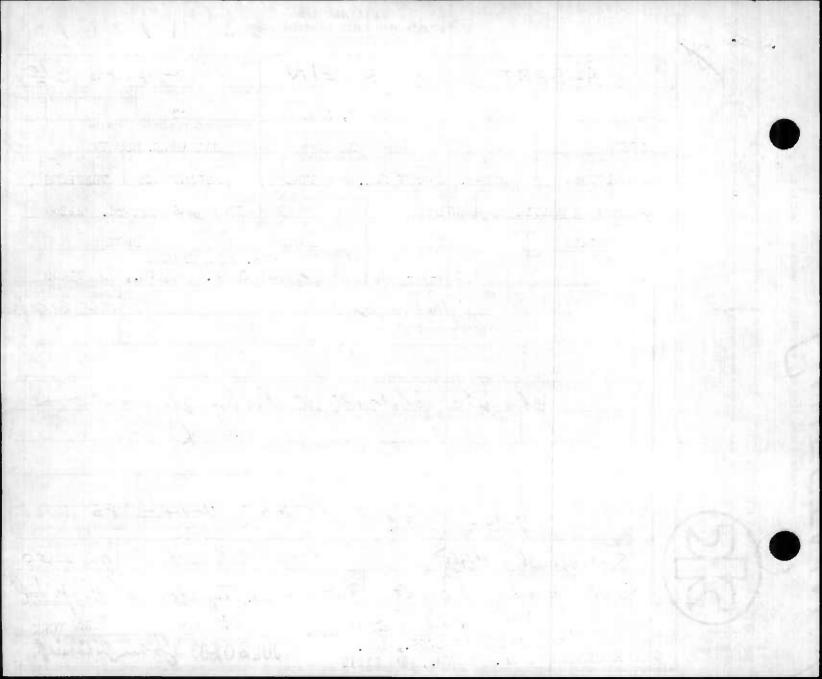
FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL H	TYGUENE		7 1	0	7
1. DECEASED NAME	FIRST	MIDE	DLE	LA	121	20. DA	REG. NO.	ONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT)	LBER	-	BRAHAM)	K	LEIN		クー	14-8	2-3	3/0
3. SEX	4 RA	CE	RAPPE	5. DATE O	F BIRTH	6. AGE	(IN YEARS LAST BIRTHD	MONTHS	ER I YEAR DAYS	HOURS A
MALE		WHITE			3. 1901		82	YRS.		
To BIRTHPLACE (STATE	OR FOREIGN 76. CI	ITIZEN OF WH	AT COUNTRY?	8	□ NEVER MARRIED	9 BAL	TIMORE CITY OR	COUNTY OF D	EATH	
RUSSIA		USA		WIDOWE		_	BALTIMO	RE COUN	TY	
10. CITY OR TOWN OF		NAME OF HOS		IG HOME O	ROTHER INSTITUTION	12a US	SUAL OCCUPATION	1 126	KIND OF	BUSINESS
RANDALLST			RE COUNT		. HOSPITAL		MANUFACTU		TEXT	TLES
USUAL RESIDENCE (#		INSTITUTION, GIV		ADMISSION)	13d. INSIDE CITY LIMITS		REET ADDRESS			
MARYLAND	BALTIM		ALTIMORE		YES NO XX		701 Woodc	ourt rd	2	1209
14 FATHER'S NAME					15. MOTHER'S MAIDEN			OGIC IC		1205
MOR	RTS		KLEIN		ROSE		WIDDLE	BROW	IN LAST	
160 WAS DECEASED E	ER IN U.S. ARMED	FORCES? 16	SOCIAL SECU	RITY NO.		MRS	RUTH SHAT			
NO OR UNKNOWN	(IF YES, GIVE WAR	OR DATES)	124-10-	8206	2701 WOOD			LTO. M	In 2	1209
RET T	ATH (Enter only and				2/01 11000	COUNT	MD. DA			ATE INTERVA
PART 2. OTHER: 19a DATE OF OPI	IGNIFICANT CONC	(c)	c or	SEATH BUT	NOT RELATED TO THE TI	ERMINIAL D	ng di	ION GIVEN IN OB IF YES, WER N CERTIFYING	E FINDING	
210. ACCIDENT WA	UNDERLYING [7]	216. TIME OF I	NJURY		216 HOW INJURY OCC	CURRED (st	(E) NOV	YES 🗌		NO 🗌
OR CONTRACTORIS	CAUSE OF DEATH	HOUR A.M.	MONTH DA			11				
OF CONTRIBUTIONS (IF EITHER NOTIFY 21d INJURY OCC	URRED (P.M.	INJURY	19	211. LOCATION		The second	17-7-7		- 7 7 7
Attaile Lat		(AT HOME, STREET,	FACTORY, OFFICE, F	ARM ETC)	STREET	2	CITY OR TOWN	()	YINUC	STAT
	(1) (this hospital)	ttended the d		27-	12- 19 8	3	1-14	19		hat (1) (we
obove, (I) (w	eased alive an e) (did) (did not) view	w the body oft	er death.		d that in (my) (our) opin	ion death o	ccurred an the date			
22b. SIGNATURE	chal	Ho	ng		DEGREE ATTENDING PHYSICIAN	G MED	DICAL STAFF		1 DATES	GIGNED 4
Sool	1 CHU		HONG	4	Ballimere	2 Coxu	ites go	neral	Hos	b.1/2
230 BURIAL, CREMATION REMOVAL		JULY 17	,1983	NAME OF C	EMETERY OR CREMATO LEBANON	100	LENDALE	500	NEW	YORK
6010 REIS	SOL LE	RD. B	& BROS	. INC	250.	JUL 2	01983	JEGISTRAN'S	26	mil

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DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely Illied in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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1-	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG DEATH	0 0	G. NO.	7	10	3
	CEASED NAME	MAR		AIDDLE	Ko	CEN	Т	20 DATE OF DEA		DAY 6	183	6:45 7
1 SEX	EMALE		WH1	TE	S DATE (H O DAY	1885	6 AGE (IN YEARS)	AST BIRTHDA	YRS IF U	INDER I YEAR	IF UNDER 24 HRS
1	POLAND		u.s	WHAT COUNTRY?	MARRIE		MARRIED .	BALT	MO	. 4	DEATH OUN 7	-Y ME
10 CI	TOW SON	1	NU LT	- MEDIC	AL NU	0 1.	HOME	12a USUAL OCC (TYPE OF WORK FOR HOUS			126 KIND O	F BUSINESS OR ELF
1	AL RESIDENCE (IF NUR	136 COUNTY	MER INSTITUTION	BALTIM	/N	YES	NO [320/	DUDA	EYF	AVE	21213
W	AWRZY	N	DIE	ZORA	N		'S MAIDEN NA	WE UN	AND W	N	LAST	1
16a W	(AS DECEASED EVER	(IF YES, GIVE W		220 - 46-	1375	KATA	ERINE	D. CARS	KÍ	726	REGES	SIER AV
N	Canditians, if any gave rise to im cause (a), stati underlying cause PART 2 OTHER SIG	mediate ng the e last	(b) DUE TO, OR	R AS A CONSEQUE	ENCE OF	Can NOT RELATE	D TO THE TERM	inal disease or	CONDITH	ON GIVEN I	IN PART 110	
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPSY	_ IN	Ib. IF YES, WI I CERTIFYING YES	ERE FINDIN G CAUSES	IGS USED OF DEATH?
10000	21a. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH	216. TIME OF HOUR A.A	M. MONTH D.	AY YEAR	21c HOW II	NJURY OCCURE	RED (ENTER NATURE O	OF INJURY IN	ITEM 18 PART I	ORPART 2)	
MEDICAL	21d INJURY OCCUR	HILE [21e PLACE C	OF INJURY EET, FACTORY, OFFICE F	FARM ETC)	211 LOCATI		CIT	ORTOWN	4	COUNTY	STATE
	220 I certify that (1 saw the decease abave, (1) we) (22b. SIGNATURE				83.0		(aur) apinian	death accurred an	- 1	and have and	d fram the c	
	228. PHYSICIAN'S N	AME (TYPE OR PR	H3n	9		. (ATTENDING PHYSICIAN SS	MEDICAL DIRECTOR P	STAFF HYSICIAN		7/8/	13
	HOW URIAL, CREMATION	11 -	DON)		NAME OF C	EMETERY OR	CREMATORY	23d LOCATION			DUNIY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR charld be detected for a wark the Stote Dept. of the PORTANT: If Bue 2

MD.

BURIAL 7-9-83 ST, STANISLAUS CEMETERY BALT, MORE CITY HOMAS J. SKARDA F. H., 2829 HUDSONST, JUL 1 1 1983 John

PEMBLES NAMED OF STRAM TELEMENT There's an amount of the Tree County To say the same of the same at 12 who LITT HE 1375 HAT WE KINE IN LARSKY THE RESIDENCE HIE AND THE PERSON OF THE PERSON O HILL 1 1887 Year & Break THE PARTY OF THE P

STATE OF MAKTLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENS	
CERTIFICATE OF DEATH	

"2		7	7	0	13
3			/	0	7
250 11	0				

FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYGI	IENS 3	177	0	9
1. DECEASED NAME FIRST (TYPE OR PRINT) Louis A.		Sr.		AST	7-17-83	MONTH DAY	YEAR 26 H	HOUR
3. SEX	4 RACE White		5. DATE O	DF BIRTH 26-1889 YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	BATS HOU	NDER 24 HRS
Maryland	daryland U.S.A. MARRIED WIDOWED A			9. BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Balto. County				
atonsville	onsville 2016 Rollingwood Rd.			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Insurance Broker				
	or other institution DUNTY LIMBORE	131, CITY OR TOW Catonsvi	N	134. INSIDE CITY LIMITS?	30 STREET ADDRESS 2016 Rolli	ngwood Ro	1. 212	28
Theodore J. Ko	ehler	LAST		Helena Kra	tzer		LAST	
160 WAS DECEASED EVER IN U.S. NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	212-10-8		Louis A. Koeh	ler,Jr.,101	Ellicott 97 Cabery	City, Rd.	Md.
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, O	1	ENCE OF	Mype Insim			154	hours
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	-1 11:00-	IPAUS/5	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C.	AUSES OF D	
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 214 INJURY OCCURRED	DEATH HOUR A	DF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE F	19	211. LOCATION STREET	ED (ENTER NATURE OF INJUR		PART 2)	STATE
WHILE AT WORK 22e. I certify that (1) (this has above / (1) (we) (did) (did) 22b. SIGNATURE	ispital) attended the	he defeased from	3	nd that in (my) (our) opinion of DEGREE	death occurred on the do	22c		1
Max J. Mille				22. ADDRESS 1047 Inglesi	de Ave.			
236 BURIAL, CREMATION, REMOV	7-20-8			EMETERY OR CREMATORY edeemer 250. DATI	23d LOCATION CITY OF TOWN Balto., E REC'D. BY REGISTRAR	Md .		STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cample should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages pand with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or aither troumatic event, the

Leonard J. Ruck, Inc., 5305 Harrord Rd.

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DIVISION OF VITAL RECORDS, 401 W. PRESION ST., BRESIMONE, MARIETAN ALLEN	7.5	2
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	IENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after this in a lab.	OR. After this certificate has been signed by the ultending physician and completely filled in typethelegies published in
	100 40	1.7

1 - STATE

DEPAR

STATE OF MARYLAND						
TMENT OF HEALTH AND MENTAL HYGIENE	3		7	1	1	-
CERTIFICATE OF DEATH		PEG NO				

REGISTRAR REG. NO.	
1 DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MIDDLE LAST	ONTH DAY YEAR 26 HOUR
William ANTHONY Kohlhepp	7/3/83/2:35AM
3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE LINYEARS LAST BIRTHI	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Male Caucasian 5/5/9/ 92	YRS.
70. BIRTHPLACE I STATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	
Maryland U.S.A. WIDOWED DNORCED Baltin	nore County MD.
Towson 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IVER OF WORK FOR MOST OF W Clerk/Draft	
	edral St.21201
4 FATHER'S NAME FIRST MIDDLE LAST ERST MIDDLE	IAST
Henry Sebastion Kohlhepp Minnie Agnes	Arthur
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	S
Yes WWI (16 Yes, Give was or dates) 212-12-7860 Mrs. R.F. Brown 306 Hopkir	ns Rd 21212
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: One of the property of the period of the	
4414	
Conditions, if any, which (16) Atteriscleratic Cardiovascular Dis	eas-e
gave rise to immediate	
underlying cause last	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1 a
	TION ON EN INT ANT TO
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY?	206. IF YES, WERE FINDINGS USED
Facture 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO X 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	IN CERTIFYING CAUSES OF DEATH? YES NO X
210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
TOUR A.M. MONTE DAY TEAK	
21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	
WHILE NOTWHILE	COUNTY STATE
270.1 certify that (I) this tospital attended the deceased from 5/21/1983 to	19.63 that ((we) ast
the december of the december o	
above, Tulwel (did-did not view the Body after death. The SPANATURE DEGREE	224. DATE SIGNED
ATTENDING MEDICAL STAFF	- h/2/52
224 PHYSICIAN'S NAME (TYPE OR PRINT)	1/3/03
D. ILE CILL TUD 3701 Dupont A	venue
Wohald F. Golladay // M.P. Kensington, Md.	20895
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	COUNTY STATE
	oro Prince Geo. Md
24 FUNERAL DIRECTOR NAME Mitchell-Windofold Home 6500 World Rd 21212	La REGISTRAP'S SIGNATURE
Mitchell-Wiedefeld Home 6500 York Rd 21212	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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	REG. NO.					

1	1 - STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. N	0.
F	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1	Eugenic	Enrique	Korell	July 11.	1983 8:15 pm
	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
ı	Male	White	June 14. 1904	79	YRS DAYS HOURS MIN.
ŀ	TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	_ 9 BALTIMORE CITY C	OR COUNTY OF DEATH
A	Germany	Argentina	MARRIED NEVER MARRIED WIDOWED DIVORCED	7 1 .	county MD.
+	10 CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 126 KIND OF BUSINESS OR
	Baltimore County	(IF NOT IN SUCH FACILITY, GIVE STREE 8244 G. Church	Lane 21207	Civil Eng	prineer INDUSTRY
	USUAL RESIDENCE 1 IF NURSING HOME OF			S? 13e. STREET ADDRESS	
1	Maryland Balt	imore Balto. C	ounty YES NO E	8244 G. Ch	urch Lane 21207
1	14 FATHER'S NAME	MIDDIE LAST	15 MOTHER'S MAIDE	N NAME MIDDLE	LAST
1	Heinrich	Korell	Anna	Schwan	LASI
t	160 WAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMAN*	Margaria	Kore 1.1
1	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	8244 G. C	hurch Lane Bo	
12	18 CAUSE OF DEATH (Enter or	nly one couse per line or (a), (b) o			APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (0) NULTA	slewe pur	tatic Cur	money
1	1850 IMMEDIA				
ı	Conditions, if ony, which	DUE TO, OR AS A CONSEOU	UENCE OF		
1	gove rise to immediate	(b)	311-217		
1	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECU	UENCE OF		
1	DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINIAL DISEASE OR CON	DITION CIVEN IN PART II-
1		CONDITIONS CONTRIBUTING TO	DOLAIN BUT NOT RELATED TO THE	TERMINAL DISEASE OR COM	DITION GIVEN IN FART TO
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
1	OH .			YES IN NOIT	IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
+	210. ACCIDENT WAS UNDERLYING	3 216. TIME OF INJURY	21r HOW IN IURY OF	CURRED (ENTER NATURE OF INJU	
ı	OR COLUMNIA CAUSE OF AL	HOUR A.M. MONTH	DAY YEAR	TEMPER MAINTE OF MOD	
1	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e, PLACE OF INJURY	19 211 LOCATION		
1	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TO	OWN COUNTY STATE
1	AT WORK		0 2	C2 hel	- P4
١	179.1 certify that III (the halp	tol) attended the deceased from	19-6	, to	the ond hour and from the causes stated
1	above (I) (we) find folid for	the body ofter death.		inian death occurred on the o	
1	276. SIGNATURE	OMILLA D.	DEGREE	NG MEDICAL STA	22c DATE SIGNED
	1000	ymun m	PHYSICI	AN DIRECTOR PHYSIC	IAN [1-12-83
1	22d. PHYSICIAM'S NAME (TYPE	OR offering	22e. ADDRESS	I Part of the last	
	Dr. Rafae	el Perez - Mera	5400 Old	Court Road	21133
T	230 BURIAL, CREMATION, REMOVAL	. 23b. DATE 23t	NAME OF CEMETERY OR CREMAT		COUNTY
	Cremation	7-12-83 W	estview Cremator	y Catonsvi	ille Baltimore MD.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is

DHMH - 16 50M 1/B1 (VRA 15, 4)

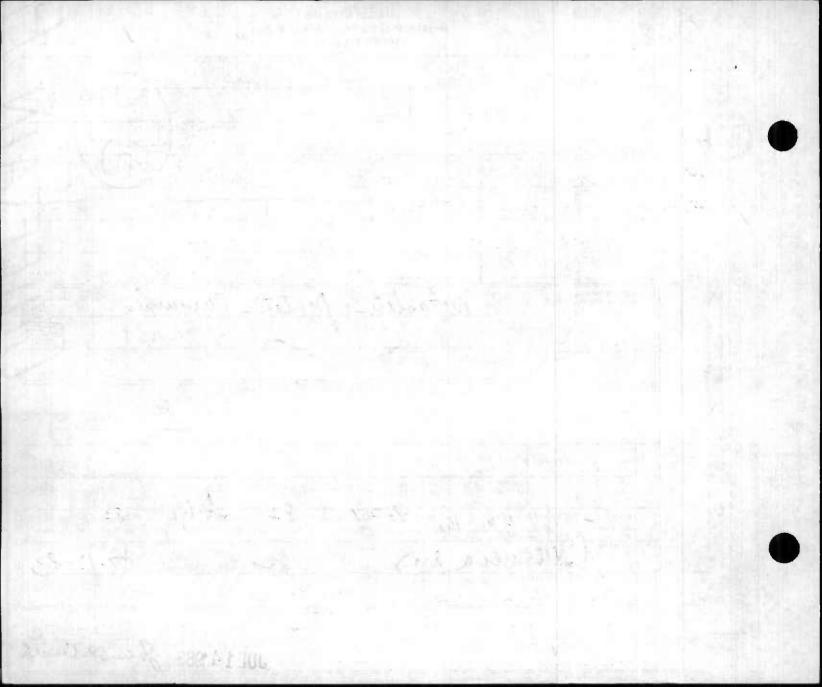
7-12-83 Westview Crematory

catonsville Baltimore MD.

Z50. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

A 1000 Baltimore MD.

14 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD. 21133



		KE O TO TRAIN					REG. N	10		
eoth		CEASED NAME FIRST GEORGI	g (:	MMN)	KORTE	SIS	JULY 17		AY YEAR	8:10
0	3. SE		4 RACE		5 DATE O		6 AGE (IN YEARS LAST 8		FUNDER 1 YEAR	IF UNDER 24 I
215 dite	1	MALE	WHI	TE	AUGUS	DAY YEAR	60	and the same	ONTHS DATS	HOURS A
035		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF	• A •	MARRIED WIDOWED	NEVER MARRIED A	BALTIMORE BALTIMORE			
20	10 C	FORT HOWARD		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPAT	TION OF WORKING LIFE	126 KIND O INDUSTRY RES	F BUSINESS
35		AL RESIDENCE (# NURSING HOME STATE 136 CO MARYTAND BA		BALTIMO		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 256 CHESAL		VENUE	21220
230	14 F/	LOUIS	(MM)	KORTEŠIS		MARY ST	(NMN) MIDDLE	LEMO	NLDES ^{AS}	т.
medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES WW	ARMED FORCES? GIVE WAR OR DATES) II	215 14 5		17. INFORMANT CLINICAL REC	ORDS, VAMC,		HOWARD	, MD.
removal.		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	SED BY	CARDIOPU	I IC	Y ARREST				MIN.
other troumotion		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)_	DR AS A CONSEQUE METASTAT DR AS A CONSEQUE	IC HEF	PATOCELLULAR (CARCINOMA		3 1	MONTHS
to burie	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1	,
Sow Son y	CERTIFICATION	190 DATE OF OPERATION	19b COND	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES	
frem 18 st		?]a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJI	URY IN TEM 18 PAI	RT I OR PART 2)	
h ond Morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY	ARM ETC)	ZIF LOCATION STREET	CITY OR 1	OWN	COUNTY	STATI
eoli me		220 1 certify that XI) (this has			MAY 1	19_83	to JULY	7	9.83	that (1) (X)
21 is		sow the deceased alive above, (1) (We) (did) (dil)	TOLY	v after death.	83 one	d that in (my) (opinion o	death accurred on the c	date and hour	and from the	couses stoted
T. If Item 21 is		sow the deceased alive, above, (1) (%) (did) (d) (22b. SIGNATURE	Not view the bad	e mo		PEGREE	MEDICAL STA	VEC	22c DATE 7-17	SIGNED

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STATE

STATE 10 83 and that in (my) (bur) apinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (%) (did) (d) Not view the body after death. DEGREE 220 DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 7-17-83 224 PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS MARCIA GOOD, M.D. VAMC. FORT HOWARD. MD 21052 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE Md STATE Burial Greek Orthodox Cem. Baltimore Baltimore 7-20-83 Nicholas T. Matthews, 3021 Eastern Avenue Baltimore, Md.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

126 KIND OF BUSINESS OR

3 MONTHS

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IF UNDER 24 HRS

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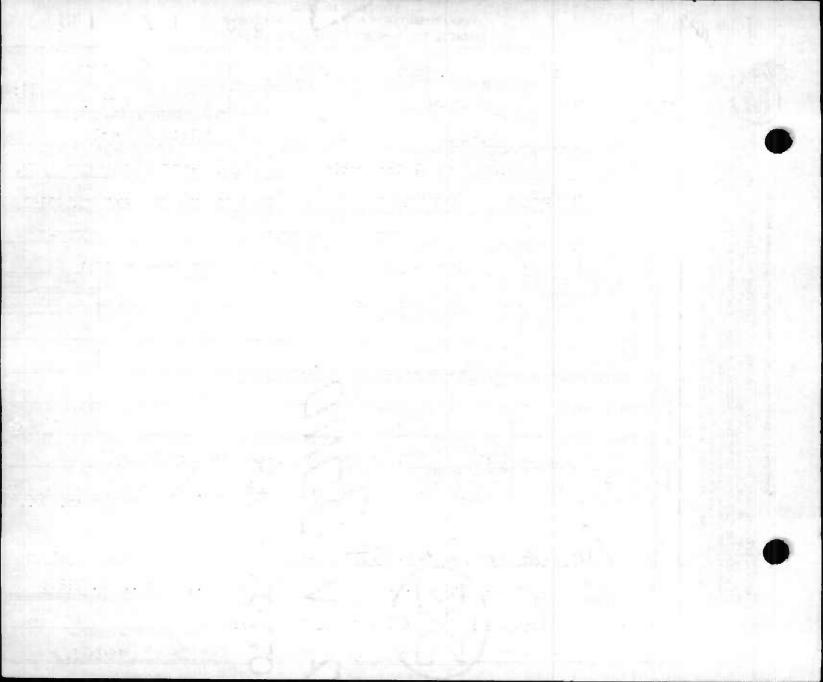
FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTRAR		MEI	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH	EG NO.		
1. DECEASED NA	ME FIRST		WIDDLE	LAST	20 DATE KNO	WN W MONTH	DAY YEAR	26 HOU
(TYPE OR PRINT)	Leonard		Benjamin	Kowaleski	OF ES	ED 7/3	1/839	a de
. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS			HTMOM	DAY YEAR	24 HOL
MALE	WHITE	9 30	1930 52 YRS.	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	7/3	1/8319	À'
7a BIRTHPLACE	(STATE OR	76 CITIZEN OF WE	AT COUNTRY? 8	MARRIED NEVER MA	PRIED 9. BALTIMORE	CITY OR COUNT		
NEW YOR		U.S.			orced Baltin	nore Coul	nty	A
I CITY OR TOW	'N OF DEATH		PITAL, NURSING HOME, C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING I	N (TYPE OF WORK	12b KIND OF B OR INDUS	USINESS
Dunda 1	k	Beth lehen	n Steel Corpo	ration	MECH. MAIN		STEEL N	
USUAL RESIDENCE	CE (IF IN NURSING HOME C		VE RESIDENCE BEFORE ADMISSION	T3d. INSIDE CITY LIMIT	32 13e STREET ADDRESS			
ARYLAND			WHITE HALL		₩ 20612 KIRK	OOD SHOP	P RD. 2	1161
14 FATHER'S NA	ME	MIDGLE	LAST	TS. MOTHER'S MA			LAST	
LEONARD		MIDULE	KOWALESKI	PAULIN	711-0-1-1		UNKNO	NN
	SED EVER IN U.S. AR		166. SOCIAL SECURITY N	O. 17. INFORMANT	A	DDRESS		
YES	KOF		727.09.4644	HELEN F.	KOWALESKI (s	ame as I	13e)	
	OF DEATH (Enter an		far (o), (b), ond (c).)				APPROXIMA BETWEEN ONS	SET AND DEA
PARTI	DEATH WAS CAUSE	D BY: TE CAUSE (o)	Blunt Trauma	to chest			J. T.	
- 91	80		AS A CONSEQUENCE OF					0.012
	tions, if any, which	(6)						
cause	rise to immediate (a) stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE OF					1
lying	cause lost.	(6)						
PART 2 OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN I	N PART 1 I a			
NO								
190. DATE	OF OPERATION	196. CONDIT	ION FOR WHICH OPERAT	ION WAS PERFORMED?			28 AUTOPS	A.s
19a. DATE							YES [X	NO [
21a. EXTER	NAL CAUSE WAS	21b. TIME OF	MONTH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PAI	RT 2)	
CONTRIBU	NG AOR UTING CAUSE OF I			subj crushe	d by large cy	linder 1	id	
CONTRIBLE WHILE	YOCCURRED		OF INJURY (AT HOME,	21 LOCATION	CITY OR TOWN	col	UNTY	STAT
AT WORK	NOT WHILE E		el vard	Bethlehem S	teel Corp. #2	Holagen	_Line,D	unda.
		se of the remains des	cribed obove, held on	Autopsy X, Inspe	ction []. Inquiry	, and in my ap	Baito.	0.,1
		rol causes	/ [1/	de Homicide L	1		2111011	
Gedinives	10	- 1	F- Cns	TITLE (SPECIFY				
ACTUAL	Merry	Was VIII	wer ho Ma		ntMEDICAL EXAMINE	DATE SIGNE	8/1	/83
			//					
EXAMINER (TYPE OR F	R'S NAME DEI	nnis F. Sr	nyth, M.D.	ADDRESS	1 Penn St., B	alto., M	d. 2120	1
73g. BURIAL, CRE/	MATION, REMOVAL	3b DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION	COUR	NTY	STATE
(SPECIFY) BURTAL		8/3/83	HIGHVIEW M	MEM. GARDENS	FALISTON	Coor		MD
24. FUNERAL DIE	RECTOR	ADDRESS	71 174		TE REC'D. BY REGISTRAR 2	B REGISTRAR'S S	GNATURE	
1.75116	BROOKS BRA			MD AU	62 1983	6 91	C 1)

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(VR A15 ME (5)) 20M 4/82

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE alus .Nieso solia

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending introduce should be detached for use as the busial-transit permit. Then please remove cortain aspets with the State Dept of Health and Mental Hygiene prior to burial, cremation, or

A may be

executed within 24 hours after death. Page

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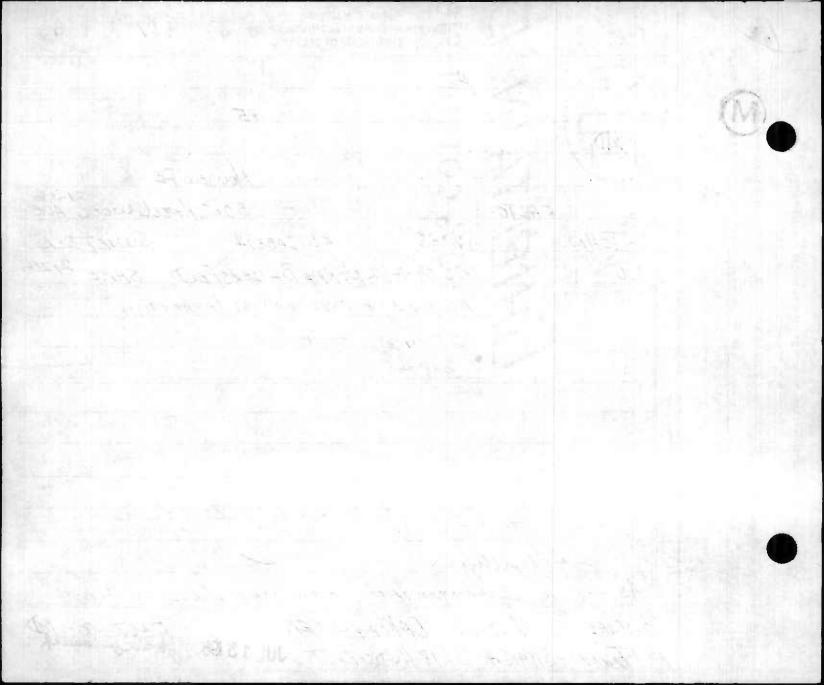
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY THE 3

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
1. DECEASED NAME (TYPE OF PRINT)	EVA	Kidale	RAMER	20. DATE OF DEATH	7-8-83 10 A
3. SEX	4 RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 74 HRS
FEMALE	WHITE		Y 17, 1910	72	YRS.
STATE OR FORE			NEVER MARRIED	9 BALTIMORE CITY OR	
MARYLAND	USA	WIDOW		BALTIMORE	
RANDALLSTOW	N BALTI	HOSPITAL, NURSING HOME OF ACTUITY, GIVE STREET ADDRESS) MORE COUNTY GE		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V HOUSEWIFE	
USUAL RESIDENCE (IF NURSING 130 STATE MARYLAND		GIVE RESIDENCE BEFORE ADMISSION) 13t. CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 812 MILFORD	MILL RD. 21208
A BRAHAM		TARSES LASST	ROSE	WIDDLE	HONKOFSKY
WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT MRS	BEVERLY PRE	(LER
NO		215-12-1539	812 MILFORD	MILL RD.	BALTO., MD 21208 APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
Conditions, if any, we gave rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIF 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDERLY	diate the last. DUE TO, OF	NAS A CONSEQUENCE OF A STREET BUT DECULO FOR WHICH OPERATION	NOT RELATED TO THE TERM	200 AUTOPSY?	TION GIVEN IN PART TION 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IN ON
OR CONTRIBUTION C CALL	JSE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	
TIFEITHER NOTIFY MEDICAL 21d FUTURE NOTIFY MEDICAL 21d FUTURE NOT WHILE WHILE NOT WHILE AT WORK AT WORK	21e. PLACE (211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased	nis haspital) ytended his alive an alive and (did not) wew the bady	after death 19 83, ar	nd that in (my) (aur) apinian		e and haur and from the causes stated 22c. DATE SIGNED
Soone 22d. PHYSICIAN'S NAM	Chal H	ing	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	NY 17-8-8
SOON CT			Battinuse EMETERY OR CREMATORY	23d LOCAVA	Reneral Hosp,
ISPECIFY) BURIAL			SAAC ADATH IS		
24 FUNERAL DIRECTOR	SOL LEVINSO	N & BROS., INC	25a DA	FRECTO PRIORITAR 25	BEGINTRAR'S GON COUNTY

DHMH - 16 50M 4/82 (VRA 15, 4)

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Petro G. Calda			
777 a	& C	3-07	

			STATE OF MARYLAND		
1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIN 3	17/16
		MIDDLE	TAST.	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
		RAH A.	KUYAWA		7 10 83 11:30 ⁹
3. SE	Х	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIF	RTHDAY) IF UNDER I YEAR IF UNDER 74 HRS
		WHITE	11 18 97	85	YRS
	COUNTRY) MD.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		
				TYPEOF WORK FOR MOST	PERKING HEET INDUSTRY
75U 13a	AL RESIDENCE (IF NURSING HOME O STATE 136 CO	ROTHER INSTITUTION GIVE RESIDENCE INTO THE PROPERTY OF THE PRO		130 STREET ADDRESS	TEL WOOD AVE.
14. F.	JOHN	WIDDIE SVIE	IS MOTHER'S MAIDEN N FLIZAI	BETH MIDDLE	SWIETZEL
			SECURITY NO. 17 INFORMANT BA	- UERS FELD	SAME 2/206
	PART I. DE ATH WAS CAUSI	TE CAUSE (a)	end + Whochen	MA INPA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last)		H	
NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	minal disease or con	IDITION GIVEN IN PART 110
TIFICATIK	90 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NOT	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
7	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR		IRY IN ITEM 18. PART 1 OR PART 7)
MEDI	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
	sow the deceased alive or	7-9-		3, to 7 9 on death accurred on the d	ote and hour and fram the causes stated
1	22b. SIGNATURE	halling.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN
	AS HOW K	, ,	22e ADDRESS	,	
230	BURIAL, CREMATION, REMOVAL	7-13-83	234 NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	BALLO CO MD
24 F	UNERAL DIRECTOR	KAKDA 329	8 HUDGON ST 150 O	JE RECTO 3 1983 PAR	The tital to have of
	3. SE P 3. SE 10 C BAA 130 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - STATE REGISTRAR 1 DECEASED NAME (1YPE OR PRINT) SA 3. SEX FMALE 10 BIRTHPLACE COUNTRY) 10 CITY OR TOWN OF DEATH BALTO, MD. 13 STATE 13 COMMINION 130 STATE 130 COMMINION 14. FATHER'S NAME 150 WAS DECEASED EVER IN U.S. AI (1YES NO OLUNKNOWN) 16. WAS DECEASED EVER IN U.S. AI (1YES NO OLUNKNOWN) 16. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS 17 CONDITION 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS 19 DATE OF OPERATION 19 DATE OF OPERATION 19 DATE OF OPERATION 10 CHETISTER NOTIFY AEDICAL EXAMINE 11 INJURY OCCURRED 21 INJURY OCCURRED 21 INJURY OCCURRED 22 I CERTIFY that (I) (this hasp sow the deceased alive or obove, (I) (we) (did) (did in 22 b. SIGNATURE	TO CITY OR TOWN OF DEATH 10 CITY OR TOWN OF DEATH 11 SARAH 12 SITHER STATE 13 SEX 14 RACE WHITE 15 BIRTHPLACE CTATE OR FOREIGN COUNTRY) 16 CITY OR TOWN OF DEATH 17 SUAL RESIDENCE (IF NURS)ING HOME OR THE INSTITUTION GIVE RESIDENCE (IF NURS)ING HOME OR THE INSTITUTION GIVE RESIDENCE (IF NURS)ING HOME OR THE INSTITUTION GIVE RESIDENCE (IF NURS)ING HOME OR THE INSTITUTION GIVE RESIDENCE (IF YES NO IN INKNOWN) 16 CAUSE OF DEATH (Enter only one cause per line for (a), the PART I. DEATH WAS CAUSED BY: 17 SARAE 18 CAUSE OF DEATH (Enter only one cause per line for (a), the PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH (Enter only one cause per line for (a), the PART I. DEATH WAS CAUSED BY: 19 DUE TO, OR AS A CONS Conditions, if ony, which gave rise to immediate cause lost (b) 19 DUE TO, OR AS A CONS CONDITION OR CONTRIBUTING (CONDITION FOR WILL) 19 DATE OF OPERATION (P) CONDITION FOR WILL) 10 DATE OF OPERATION (P) CONDITION FOR WILL) 10 DATE OF OPERATION (P) CONDITION FOR WILL) 10 DATE OF OPERATION (P) CONDITION FOR WILL) 10 DATE OF OPERATION (P) CONDITION FOR WILL) 10 DATE OF OPERATION (P) CONDITION FOR WILL) 10 DATE OF OPERATION (P) CONDITION FOR WILL) 11 DATE OF OPERATION (P) CONDITION FOR WILL) 12 DATE OF OPERATION (P) CONDITION FOR WILL) 12 DATE OF OPERATION (P) CONDITION FOR WILL) 13 DATE 14 DATE OF OPERATION (P) CONDITION FOR WILL) 15 DATE OF OPERATION (P) CONDITION FOR WILL) 16 DATE OF OPERATION (P) CONDITION FOR WILL) 17 DATE OF OPERATION (P) CONDITION FOR WILL) 18 DATE OF OPERATION (P) CONDITION FOR WILL) 19 DATE OF OPERATION (P) CONDITION FOR WILL) 19 DATE OF OPERATION (P) CONDITION FOR WILL) 19 DATE OF OPERATION (P) CONDITION FOR WILL) 19 DATE OF OPERATION (P) CONDITION FOR WILL) 19 DATE OF OPERATION (P) CONDITION FOR WILL) 19 DATE OF OPERATION (P) CONDITION FOR WILL) 19 DATE OF OPERATION (P) CONDITION FOR WILL) 10 DATE OF OPERAT	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR I DECASED NAME I DECASED NAME I DECASED NAME I DECASED NAME I STATE SARAH SARAH SUYAWA 3 SEX FEMALE 1 RACE S DATE OF BIRTH MODIT I LAST WIDOWED I LAST WIDOWED I NEVER MARRIED I NO I NEW MODIT I S MODITE I S MOTHER'S MAIDE I S MODITE I S MOTHER'S MAIDE I	DEPARTMENT OF HEALTH AND MENTAL HYGINE REGISTRA EGISTRA REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA R



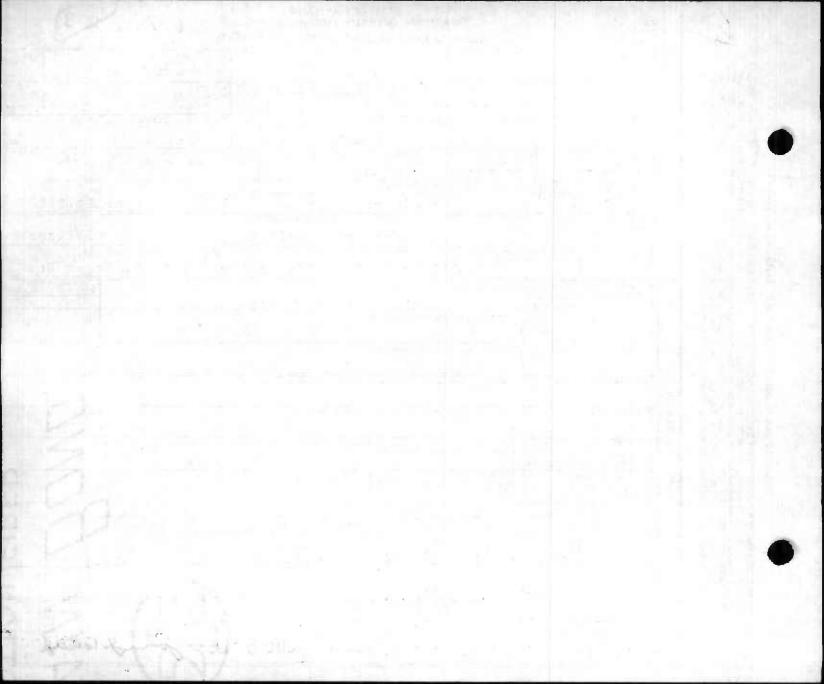
and thomas Cornell TO A STREET, WAS A Section of many have a second The Mach Look Woods 6 1 3 3 3 1 1 1 1 and the compression from the state of The second second is the second secon at great comment believes something or sets, the and the property of the second states, its.

20M 4/B2

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
DEPARTMENT OF HEALTH AND MENTAL	OF DEATH

17/18

7a. Bill For	M B RTHPLACE (STATE OR REIGN COUNTRY) MD TY OR TOWN OF DEATH Baltimore	S DATE OF BIRTH AMBERT S DATE OF BIRTH MONTH DAY 1 4 30 53 YRS TO CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED N	
3 SEX	CHAR M B RITHPLACE (STATE OR REIGN COUNTRY) MD TY OR TOWN OF DEATH Baltimore	S DATE OF BIRTH DAY VEAR LAST BIRTHOLAY TO CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWED MONORED DEAD OF ESTI- DEATH MATED DEATH MATED PRONOUNCED DEAD PRONOUNCED DEAD PRONOUNCED DEAD IT MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore WIDOWED Baltimore 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF	7-1-8319- AONTH DAY YEAR 24 1
10. CI	4 RACE M B RTHPLACE (STATE OR REGON COUNTRY) MD TY OR TOWN OF DEATH Baltimore	5. DATE OF BIRTH MONTH DAY VEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 7.6 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWED S. DIVORCED Baltimore 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170. USUAL OCCUPATION (TYPE OF	AONTH DAY YEAR 24 I
10. CI	RTHPLACE (STATE OR REIGN COUNTRY) MD TY OR TOWN OF DEATH Baltimore	2 14 30 53 YRS. DEAD	COUNTY OF DEATH
10. CI	RTHPLACE (STATE OR REIGN COUNTRY) MD TY OR TOWN OF DEATH Baltimore	Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PALTIMORE CITY OR	COUNTY OF DEATH
10. CI	MD TY OR TOWN OF DEATH Baltimore	USA WIDOWED BALTIMOTE (11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (179E OF	
JSUA	Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF	County
USUA	4	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) - FOR MOST OF WORKING LIFE)	WORK 12h KIND OF BUSINE OR INDUSTRY
		2525 Clean Leigh Drive	
		or other institution, give residence before admission) Ity 13c City or town 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS 1826 E. Ea	ger St.2120
14 FA	THER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	EAST
	Charles	R. Lambert Sr. Adeline	Williams
16a. W		WAR OR DATES)	
	No		. Eager St.
	PART I DEATH WAS CALISED	ly one couse per line far (o), (b), and (c).) D BY: TE CAUSE (o). Hypertensive arteriosclerotic cardiovascula r	APPROXIMATE INTE
TION		(c)CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES XX NO
IL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	I OR PART 2)
O			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.)	COUNTY
MEDICA	21d INJURY OCCURRED WHILE AT WORK AT WORK 22d I certify that I took chorg	218. PLACE OF INJURY (AT HOME, SIREET, FACTORY, FARM, ETC.) 216. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN	COUNTY Thy opinion DATE = 1-83
	21d INJURY OCCURRED WHILE AT WORK 22d I certify that I took chorg death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME	216 PLACE OF INJURY (ATHOME. STREET CITY OR TOWN 21f. LOCATION STREET CITY OR TOWN 22f the remain BODY of a DNLYED on Autapsy X, Inspection X, Inquiry X, and it rol causes XX. Accident X, Suicide X, Homicide X, Undetermined manner X, TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER 21f. LOCATION STREET CITY OR TOWN 21f. LOCATION STREET CITY OR TOWN AND ASSISTANT MEDICAL EXAMINER 21f. LOCATION STREET CITY OR TOWN	n my opinion



STATE OF MARYLAND

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	7			

FOR STATE REGISTRAR		DEPARTM		FICATE OF DEATH	REG. N	1 /	1	7	
1. DECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		Y YEAR	26. HOUR	>
(TYPE OR PRINT)	HN FRA	NKLIN	LAND	EFELD	JULY	11,198	33	5:30	PM
3. SEX	4 RACE		5. DATE		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 2	
Male	White		Jůl	y 4,°1′905 YEAR	78	YRS.	DAYS DAYS	HOURS	MIN.
To BIRTHPLACE (STATE OF FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CITY O				MD.
10. CITY OR TOWN OF DEATH Towson	41 Ac	orn Circl	e e	OR OTHER INSTITUTION	176. USUAL OCCUPAT Chief Audit		126. KIND O INDUSTRY erk B&		SOR
	ME OR OTHER INSTITUTION OUNTY Saltimore	131. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 41 Acorr	Circl	e Apt.	102	212
William F. I	andefeld	LAST		Ida M. I	Fisher		LAS	1	
(YES NO OR UNKNOWN) (IF YE	S. ARMED FORCES? ES, GIVE WAR OR DATES)	705-05-2		Marie S. Land	defeld S	ame	. 7		
18 CAUSE OF DEATH IERD PART I. DEATH WAS CA	AUSED BY: DIATE CAUSE (0)	CA1	RD) A	C APPEST			IMM	EDIAT	2.
Canditions, if ony, whic gave rise to immediat couse IoI, stating th underlying couse los	DUE TO, C	R AS A CONSEQUE	NCE OF	erotic hear		£-		ARS	
	NT CONDITIONS C	REMOS		CVA., DIA	AINAL DISEASE OR CON	DITION GIVE	N IN PART 11	0,	
190 DATE OF OPERATION	196 COND	PITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDIN ING CAUSES		
00.00.00.00.00.00.00.00.00.00.00.00.00.	OF DEATH HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2]	di le	
OR CONTRIBUTING CAUSE CO. (IF EITHER NOTIFY MEDICAL EXAMINE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY OFFICE, FA	ARM ETC 1	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	51	ATE
22a I certify that (I) (this saw the deceased alive obave, (I) (was suited to	re on	17 198	3/1	ind that in (my) (and opinion	deoth occurred on the d	ote and hour		that (I) (** couses stat	
226. SIGNATURE	20 Z. , So	mirille	, m		DIRECTOR PHYSI		7/17	SIGNED	3
DONALD	L. SOME	RUILLE"		500 VA A	IE TOWN	ON, M.	D 21	204	

etained by the hospital

OR ATTENDING PHYSICIAN. The law attending physicion

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72

injury, or other troumotic

should be detached for use as the burial-transit permit. Then please remove carbanages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is morked or Item 18 shows ony

230 BURIAL, CREMATION, REMOVAL Burial 236. DATE July 14,1983

23c. NAME OF CEMETERY OR CREMATORY Baltimore

ATORY 23d LOCATION COUNTY Baltimore City May 250 DATE REC'D. BY REGISTA 256 REGISTRAR 22 IGN

Maryland

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc.Balto., Md21212

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1/2/83		- 2 M	Minne Of 1		44
querie	am more to	A JAV WEE		A SCHIBE	carure 1
linal and	alci one vity,	alti .,			riel itc ell sigu

poge 3 executed within 24 hours after death. Page 4 may be requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

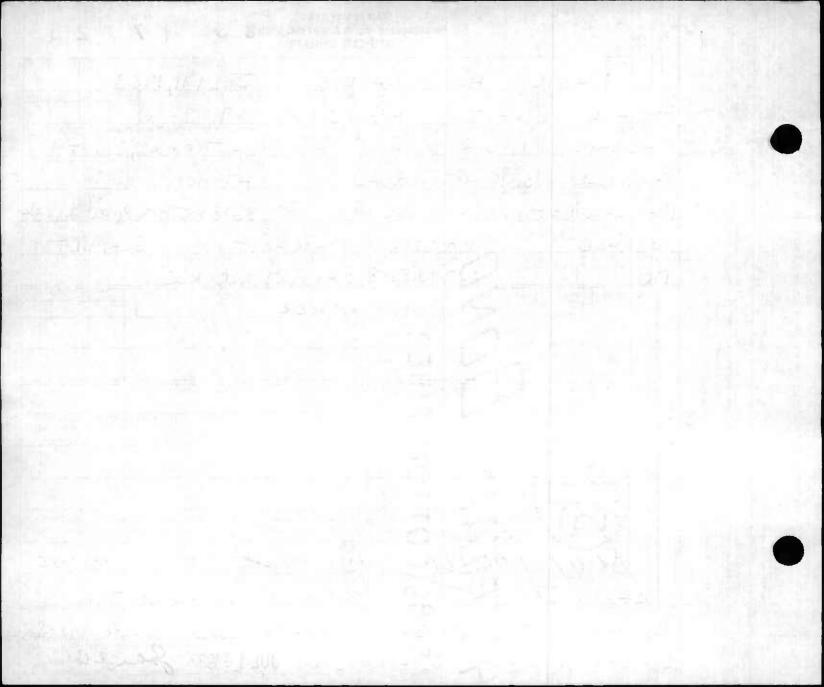
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled will with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical expansion

ilx	1	FOR		TE OF MARYLAND HEALTH AND MENTAL HYGIE	R Z	17790
X	1.	STATE REGISTRAR		FICATE OF DEATH	REG. NO	1 / / 2 0
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
	(I A bá	EORPRINT) MARIE	A. he	indis	Ju14 11	1983
	3. SE				AGE (IN YEARS LAST BIRT	HOAY) IF UNDER LYEAR IF UNDER 24 HRS
1	F	EMALE	WHITE APP		69	YRS.
404		IRTHPLACE (STATE OR FOREIGN 7	LOUNTRY?	ED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
201	35	IARYLAND	U.S.A. WIDOW		BALTIM	ORE, COUNTY MO.
* 0	HI.C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION	
E.U	16	ARKVILLE	3218 ACTOR ROA	40	AT HOI	
うだ	USU:	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		3e STREET ADDRESS	
20	17	ARYLAND BAXT	invar PARKVILLE	YES NO M	3218 AC	Ton ROAD 21234
20	14 FA	ATHER'S NAME	IDDLE LAST	15 MOTHER'S MAIDEN NAM	E	LAST
ě _	11	JSRALU	13055211	MARGAR	57	SCHMIDT
medice		WAS DECEASED EVER IN U.S. ARN YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	
the m	7	10	171200	d LHIIITI	KECORO	
event, t		PART I. DEATH WAS CAUSED		PANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	16.	1579 IMMEDIATE	CAUSE (O) PANCEBITIVE	MINCER		
omo		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF			
r fro	10	gove rise to immediate couse (a), stating the	(b)			
or ather traumatic		underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	AL DISEASE OR CONE	STION GIVEN IN PART 1(a)
injury,	NO					
à Q	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
shows	E		District of the last of the la		YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
	GE	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
em 9	CAL	OR CONTRIBUTING CAUSE OF DEAT	P.M. 19			
ò	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
orked	~	AT WORK NOT WHILE				
e S		220.1 certify that (1) (this hospital			to	
2		sow the deceased alive on a	sies the body ofter death.	and that in (my) (our) opinion de	oth occurred on the do	te and hour and from the causes stated
If hem 21 is morked or		22b. SIGNAPUHE	//m	DEGREE	MEMORAL STAF	22c. DATE SIGNED
		sarry c	forgun -		DIRECTOR PHYSIC	IAN 7/13/85
MPORTANT		THE PHYSICIAN'S NAME THE DA	from I	22e ADDRESS		
o ″ —		BARRY SK	555PHS	OSTER 1	180,CAT	- LINTER
=	230 E	BURIAL, CREMATION, REMOVAL	23b DATE 23c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
_	1:	SURIAL	JU1415, 1983 GARO	ENSOFFAITH	1 2552X	BALTO. MARYLAND
81	24 FL	UNERAL DIRECTOR	ADDRESS	250 DATE		SS REGISTRAR'S SIGNATURE
	5	VANSTUNERAL	CHAPEL 8800 HAR	FORD RO. JU	L14198?	Jour to well

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



may be

requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN. The law

TO HOSPITAL

BP.

etained by the haspital or attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

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	1	1	Sec.	

Lin Date REC D. BY REGISTRAR OF REGISTRAR'S SIGNATURE

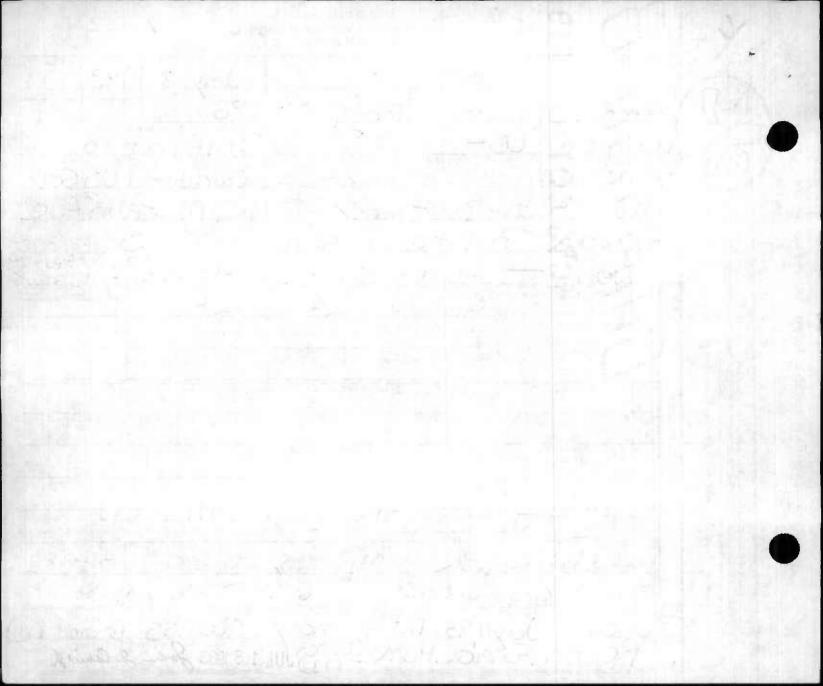
DECEASED NAME YPE OR PRINT) SEX	FIRST			REG. N	O.
		WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
Female	Lalla	Gantt	Lane	JOHN	8 1983 "
Famala	4. RACE*		5 DATE OF BIRTH	6 AGE (IN YEARS AST BI	
16 1111116	6.1	nito	FOR ON 190	n 83	YRS MONTHS DATS HOURS MIN
BIRTHPLACE ISTATE OF	FOREIGN 76 CITIZE	N OF WHAT COUNTRY?	8	9 BALTIMORE CITY	OR COUNTY OF DEATH
Month	29 ()	54	MARRIED NEVER MARRIED WIDOWED DIVORCED	- I malli	voce ()
CITY OR TOWN OF DE			NG HOME OR OTHER INSTITUTION		ION 126 KIND OF BUSINESS OR
andal-		T IN SUCH FACILITY, GIVE STREET	Randallstown, Mo	(TYPE OF WORK FOR MOST	PE WORKING LIFE) INDUSTRY
UAL RESIDENCE (IF NUI		ITUTION GIVE RESIDENCE BEFOR		1. Calcin	ar 100 our
STATE TO	HAP COUNTY	CITY OR TOW	VN 134 INSIDE CITY LIMIT	S? 134 STREET ADDRESS	1- KN - 1810
FAIHER'S NAME		MIDOUX	15. MOTHER'S MAIDER	10021	Chemin 406
O'RST	MANDLE	LAST	IS. MOTHER'S MAIDE	MIDDLE	S IAST
PEDIC	16) has	- 5W	11e	OCTOIP()
(YES_NO ON UNKNOWN)	I IF YES GIVE WAR OR DA		URITY NO. 17 INFORMANT	ADDR	ESS _602 moteure
NO		-011K	- Unorle	D trou	2 Bolt Mnaia
IS CAUSE OF DEA	TH Enter only one cou	use per line for (a), (b), or	nd (c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARI I. DEATH	WAS CAUSED BY-	(o) Cerelia	5-Voscaly ac	Ludous	
4360		TO, OR AS A CONSEQU	IENCE OF		
Conditions, if an	Link /	(b)	ENCE OF		Charles and the Charles
gove rise to im	nmediate		ENCE OF		
underlying cous	e lost.	TO, OR AS A CONSEOU	ENCE OF		
PART 2 OTHER SIC		NS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
1380				TEMM THE DIOCHOE ON COL	
	ATION 19b (ONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
190 DATE OF OPERA				YES T NOT	IN CERTIFYING CAUSES OF DEATH?
190 DATE OF OPERA			71r HOW IN ILLEY OF	152 [140 [163
190 DATE OF OPERA	IDERLYING 7 216. T	IME OF INJURY		CURRED (ENTER NATURE OF IN IL	RY IN ITEM 18 PART I OR PART 21
210 ACCIDENT WAS UP	CAUSE OF DEATH HOL	UR A.M. MONTH D	AY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?)
210 ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH HOL	UR A.M. MONTH D P.M.	PAY YEAR 19	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR? I OR PART ?)
210. ACCIDENT WAS UP OR CONTRIBUTING IF EITHER NOTIFY MEE 21d. INJURY OCCUP	CAUSE OF DEATH HOLDICAL EXAMINER) RRED 21e P	UR A.M. MONTH D	19 211. LOCATION	CURRED (ENTER NATURE OF INJU	
210 ACCIDENT WAS UP OR CONTRIBUTING [] IF EITHER NOTIFY MEE 21d INJURY OCCUR	CAUSE OF DEATH DICAL EXAMINER) RRED 716 P (AT HC	UR A.M. MONTH D P.M. PLACE OF INJURY	19 211. LOCATION	nge synthe en	
21a ACCIDENT WAS UP OR CONTRIBUTING IPETIMER NOTIFY MEET 21d INJURY OCCUI WHILE NOT WAT WORK NOT WAT WORK 22a.1 certify that (CAUSE OF DEATH DICAL EXAMINER) RRED 21e P (AT HC ORK 1) (The hospital) allene	UR A.M. MONTH D P.M. PLACE OF INJURY OME STREET, FACTORY, OFFICE,	FARM, EIC) 211. LOCATION STREET	City OR IC	OUNTY STATE , 19, that (1) (we) last
210 ACCIDENT WAS UP OR CONTRIBUTING IF EITHER NOT BY MEE 21d. INJURY OCCUI WHILE NOT WAT WORK 220.1 certify that (I sow the decea	CAUSE OF DEATH DICAL EXAMINER) RRED (AT HC ORK (AT HC ORK Sed olive on	UR A.M. MONTH D P.M. PLACE OF INJURY DME STREET, FACTORY, OFFICE. ded the deceosed from 19	FARM, EIC) 211. LOCATION STREET	City OR IC	IWN COUNTY STATE
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral, should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the medical

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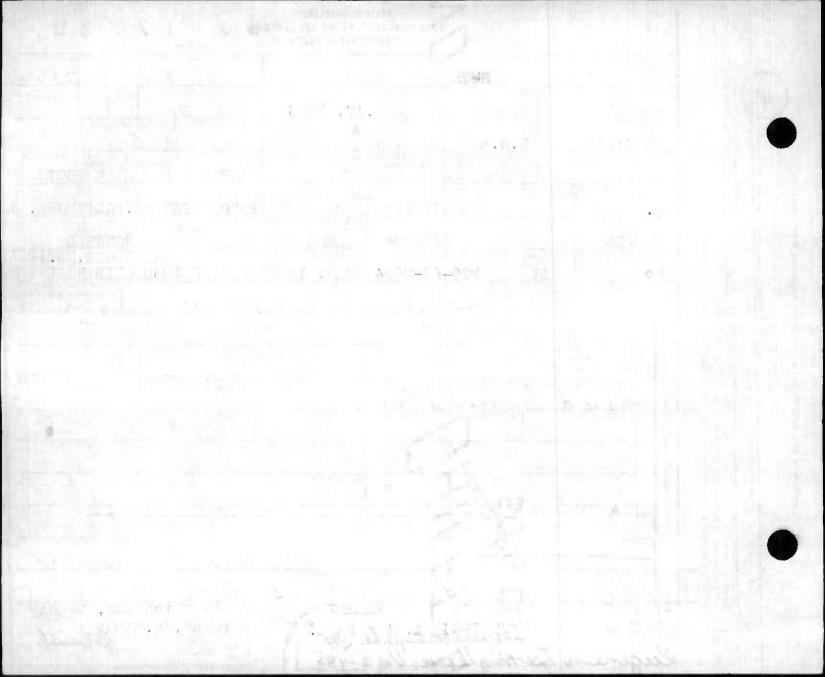


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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME FIRST MIDDLE 26 HOUR (TYPE OR PRINT) RUTH 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH BLACK PRWATE To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY MARRIED MEVER MARRIED VIRGINIA .S.A DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE DOMESTIC 02150m USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13e. STATE 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE 2350 EUTAW ST. BALTIMORE. NO MD -YES X NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE FIRST CAREY SORRELL JACKSON LENA In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 29-62-0684 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY vascular. acciden IMMEDIATE CAUSE (a) CP 20 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last plea ŏ Then p PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 150 650 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION pr IN CERTIFYING CAUSES OF DEATH? this certificate has be buriol-transit permit of Mental Hygiene p NO P NOF YES [shav 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJUS 80 HOUR A.M. ONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 50 MEDI 21d INJURY OCCURRED 210. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN the l (AT HOME, STRE ET, FACTORY, OFFICE, FARM, ETC | marked WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 1/24/ saw the deceased alive an ... and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. be detached for State Dept. c If Hem 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME LITYPE OF PRINT 22# ADDRESS ould be O 64 3 Richmond. 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY hurch BURIAL Farnham /T983 7. i ona BAPTI 24 FUNERAL DIRECTOR 250. DATE REC

STATE OF MARYLAND

DHMH - 16 50M 4/B2 (VRA 15, 4)



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requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or attending physicion.

ond completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medi

FOR DEPARTMENT OF HEALTH AND STATE REGISTRAR CERTIFICATE OF CEASED NAME FIRST MIDDLE LAST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINE 3 1 7 7 2 3

CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY Y	EAR 26 HOUR		
(IIV)	JOHN JOHN	J. LAZ	AREK	JULY 15,198	3		
3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	DAYS HOURS MIN.		
/	m	W	5/1/04	79 VRS			
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED THEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEA	TH		
	MO	USA	WIDOWED DIVORCED	13ALTO, COL	LATT MD.		
10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS I (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDU	IND OF BUSINESS OR STRY		
10	ESSEX		CLISTE RI	TEAMSTER			
	IAL RESIDENCE (IF NURSING HOME OR STATE 113b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO		TS? 130 STREET ADDRESS	1201		
	MP B	ALTO ESSE	YES NO	- 722 ARNCLI	FFE /		
14. E.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	NNAME	LAST		
	GEORGE	LAZA9		LIE KOCH			
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	20 -		
	UNK	21404	8535 FRAN	CES LAZAREK	HISOVE		
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b), a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALL ATTOCK DE	WEEN ONSET AND DEATH		
		E CAUSE 10)	10 Lak Wouna	ay / / Color	41 nares		
	4272	DUE TO, OR AS A CONSEOL	JENCE OF ALLO CON	diovaccular Dicerco	110010		
	Conditions, if ony, which gove rise to immediate	Conditions, if ony, which					
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEON	JENCE OF		/		
		(c)					
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PA	ART 1ca		
- ₹	19a DATE OF OPERATION	19b CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE F	INDINGS USED		
CERTIFICATION				YES NO YES YES	NO [
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		CCURRED (ENTER NATURE OF INJURY IN ITEM TS. PART I ORPA	ART 2)		
	OR CONTRIBUTING CAUSE OF DEA	ALM .	19		0.3		
MEDICAL	214. INJURY OCCURRED	210 PLACE OF INJURY	FARM FTC 1 STREET	CITY OR TOWN COUN	HTY STATE		
3	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, EIC]				
	22a.t certify that (I) (this sept	tall attended the deceased from		83 to Preenting	, that (I) (well last		
	saw the deceased alive an	t) view the back ofter death.	102 ond that in (my) (out of	inian death occurred on the date and hour and fro	m the causes stoted		
	22b. SIGNATURE	// 2)	DEGREE		DATE SIGNED		
	1 Cruc	of West	DW MIL ATTENDE	NG MEDICAL STAFF	1/15/83		
1	224. PHYSICIAN'S NAME (TYPE O	PR PRINT	220 ADDRESS	101 Sanlas NI	d Dallard		
	Eric LIV	Veisbrol	404	too Eastern 15/10	4. 12/14/40		
	BURIAL, CREMATION, REMOVAL	Ann. 1 100 1	NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION CITYORIOWN COUNTY	STATE		
	BURIAL	7/18/83 H	OLY KOSARY	BALTO, M+	> .		
24 F	UNERAL DIRECTOR	ADDRESS	25	a. DATE REC'D BY REGISTRAR'S SI	C. CARLER .		
	T. G. CONNE	164 300	MACE	205 10 1000			

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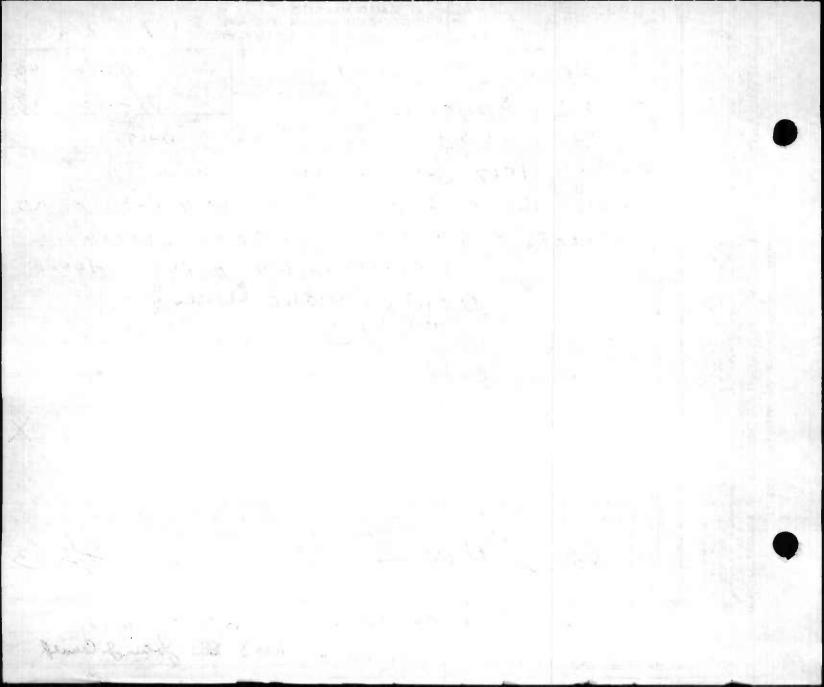
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. NO.	1	2	4
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		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH DAY, YEAR 26 HOUR
		HELEN	P. LEACH DEATH MATED 17/28/6,3 48/
	3. SEX	F W"	ATE OF BIRTH ONTH ONTH ONTH ONTH ONTH ONTH ONTH ON
5	7a. Bli FOI	RTHPLACE (STATE OR REIGN COUNTRY) PA.	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED BALTO, MD.
)	10. CF	TY OR TOWN OF DEATH II.	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY OR INDUSTRY
F	USUA 13a. S1	TATE 13b. COUNTY	IBR INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS?) 13e. STREET ADDRESS
~	14 EA	THER'S NAME	ALTO, KSSEX YES NO BY 1017 BATNER RD
4		14 EABERT	A. JOHNSON GERTROOF HOPKINS
	16a. V (YI	VAS DEČEASED EVER IN U.S. ARMED ES, NO, OR UNKNOWN) (IF YES, GIVE WAR	
Company of the Company		18. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY IMMEDIATE C Canditions, if only, which gove rise to immediate cause (a) stating the underlying couse last.	October And Leading
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
2	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\subseteq \text{NO} \)
9	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	
	MEDI	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME. STREET CITY OR TOWN COUNTY STATE
1	/		the remaind described above, held an Autopsy , Inspection , Inquiry , and in my opinion aures, , Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) M.D. MEDICAL EXAMINER ADDRESS
	,	URIAL, CREMATION, REMOVAL 236. E	ATE 8/1/83 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE BALTO. N. D
	24. FI	UNERAL DIRECTOR NAME T. G CENN	ELLE 300 MACE AUG 3 1983 25 Jelies Cohies



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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 heart after earth outside by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competing filling in by the fune a second background be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages a fined a trible within 20 has been accounted by the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGENE	5
CERTIFICATE OF DEATH	

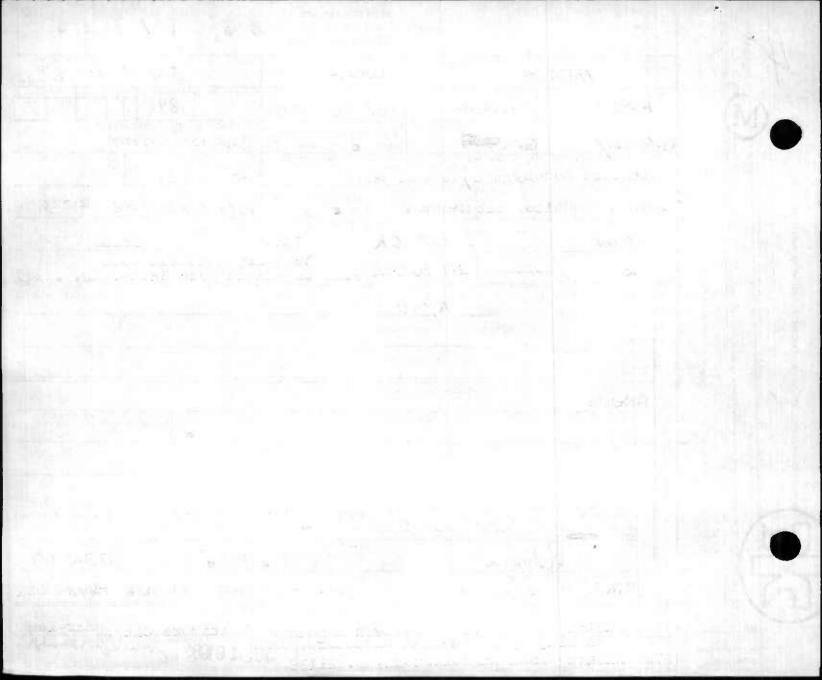
	1-	EASED NAME EASED NAME PREST NATALE ITHELACE (STATE OR FOREIGN DUNIRY) Y OR TOWN OF DEATH IL TIMOTE CO L RESIDENCE HE NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS AS DECEASED EVER IN U.S. ARMED FORCES? INDURY AS DECEASED EVER IN U.S. ARMED FORCES? IN NOR UNKNOWN) IVES GIVE WAR OR DATES) AS DECEASED EVER IN U.S. ARMED FORCES? IN NOR UNKNOWN) IVES GIVE WAR OR DATES) CONDITIONS CONDITIONS CONDITIONS DUE TO, OR AS A CONSEQUENCE COUSE (3), Stoting the Underlying couse lost. DUE TO, OR AS A CONSEQUENCE COUSE (3), Stoting the Underlying couse lost. PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CONSTRIBUTING COUSE LOST. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH COR CONTRIBUTING COUSE LOST. 210. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CONCONTRIBUTING COUSE LOST. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CONCONTRIBUTING COUSE LOST. 210. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E AT WORK AT WORK AT WORK AT WORK 170. LEACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E AT WORK AT WORK AT WORK 210. LEACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E AT WORK AT WORK 210. LEACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E AT WORK AT WORK 210. LEACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E AT WORK AT WORK 210. LEACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E AT WORK AT WORK AT WORK 210. LEACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E AT WORK	CATE OF DE		J. 0	REG. NO		flinat.					
		OE THOUSE THE STATE		DDLE	1	CHNER		20. DATE OF	D-C-1111	JLY 17	1983	26 HOU	AM
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1	GE	RTHPLACE (STATE OR FOREIGN COUNTRY)	ALL STREET		MARRIEI WIDOWE	D NEVER MA	RRIED		_	COUNTY OF			MD.
1	Ba	altimore Co	AU95bur	FACILITY, GIVE STREET A	DDRESS)			TYPE OF WOR	Sewif	WORKING LIFE)	2b. KIND O NDUSTRY	FBUSINE	ESS OR
7	130 S	RYUMO Bal	NTY	13c CITY OR TOWN	V 1		10 🗆	3. STREET	ADDRESS GYN	DON AVE	2	1223	3
9		JOHN	1			15. MOTHER'S A	Julie		WIDDLE		les	Т	
2						6811 C					. MD	. 21	
	7	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR (b) DUE TO, OR (c)	as a conseque	NCE OF	NOT RELATED TO	O THE TERMIN	VAL DISEAS	e or cond	ITION GIVEN	IN PART 110	o o	
7	CERTIFICATION		196. CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORM	MED	200 AUTO	PSY?	206 IF YES, W IN CERTIFYING			TH?
1	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	A. MONTH DA	Y YEAR	21c HOW INJU				-	OR PART 2)	NO [
	MED	WHILE NOT WHILE				211 LOCATION STREET			CITY OR 10W	N	COUNTY	S	STATE
		sow the deceased plive or obove, (1)	17 TULY	19	27/	id that in (my) (19 1969 popinion de	ta	d on the dat		d from the		oted
1		775. SIGNATURE	choque		Ţ,	PH	TENDING IYSICIAN	MEDICAL DIRECTOR	STAFI PHYSICI		17 JU		
		MANNS NAME TYPE	1	ما		3640	FOERS	LANE	TSA	UTHORE	ney	uno:	21215
	23a D	DIPLAT CREMATION DEMONAL	1 22h DATE	22. N	AME OF C	FARTERY OR CO	EMATORY	1224 LOC /	MOLTA				

IMPORTANT: If Hem 21 is marked or Hem 18 shape any injury, or other troumatic event, the

Maryland

Burial 7-20-83 Western Cemeter Baltimore City Mary 1234 FUNERAL DIRECTOR Byers Funeral Directors, 125 The RECT By REGISTRAR 255 REGISTRAR SON (1287) 1238 Liberty Road Randallstown, MD. 21133

DHMH - 16 50M 4/B2 (VRA 15, 4)



		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDIE	· ·	AST	20 DATE OF DEATH MONTH	DAY YEAR 2
3.		NELLI	E M.	LEC	CAIRE	7-	5-83 1:
	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR
	1	female	white		ber 14, 1900	82 YRS	MONTHS DATS F
ZZ	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
	2	Maryland	U.S.A.	WIDOWE		Baltimore Co	ounty
5	Ro	ity or town of death andallstown	NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Baltimore Co	URSING HOME O STREET ADDRESS) UNITY GET	rotherinstitution neral Hospital	(TYPE OF WORK FOR MOST OF WORKING III Asst. Pharmic	126 KIND OF E INDUSTRY
35	13a S	AL RESIDENCE HENURS STATE MD C1	13c. CITY OR Balti	TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2600 Elsinore	
7/2	14 FA	ATHER'S NAME	bucco	more	IS. MOTHER'S MAIDEN NAM		Ave. 41
		John Le	niddle Lasi	27.21	Sophie	MIDDLE	ington
9 160 WAS DECEASED EVER		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS 59/	O Front S
2	1 (YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 278-0	3-3227	Nancy Carana	igh Key West, Fi	
18 CAUSE OF DEATH Enter onl					wancy ouvano	ign neg west, I	APPROXIMA BETWEEN ON
aner arounous e		Conditions, if any, which gave rise to immediate couse (a), stoling the underlying couse lost.	DUE TO, OR AS A CONS	genic	Show with	dial Inte	anster exchin
mory, or other troomonic e	NOI	gove rise to immediate couse (a), stoting the	DUE TO, OR AS A CONS	EQUENCE OF C	Myocas	dial Info	andro archo
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Sich in July, or other reomotic	CAL CERTIFICATION	gove rise to immediate couse (a), storing the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (c) 20 CONDITIONS CONTRIBUTING 196 CONDITION FOR WI 19 TH HOUR A.M. MONTH	EQUENCE OF 2 C WEST	NOT RELATED TO THE TERM	inal disease or condition of 200 AUTOPSY? 200 IF YES IN CERTIF	S, WERE FINDING FYING CAUSES OF
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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Towson, Mary Land

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1.	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. NO	17	1:	2 7
	CEASED NAME FIRST	IRLEY	MIDDLE	1	ENTZ	20 DATE OF DEATH	7 6	83	26 HOUR 4 2 A M
1. SE	×	4 RACE	VHITE	5. DATE O		6 AGE (IN YEARS LAST BIRTH		DNIHS DATS	HOURS MIN
M	IRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED DIVORCED	Baltimore City of	COUNTY	ounty	MD.
	arrison	Balto.	HOSPITAL, NURSING COUNTY	ADDRESS)	eral Hosp.	120 USUAL OCCUPATION TO THE STATE OF THE STA			of BUSINESS OR
M		OR OTHER INSTITUTION UNITY TIMORE	GIVE RESIDENCE BEFOR		YES NO	13e STREET ADDRESS 16 Montro	ose A		
14. F/	ATHER'S NAME Herbert	MIDDLE	Lentz	4	Is MOTHER'S MAIDEN NA		Hu	tenbê	erger
	NAS DECEASED EVER IN U.S. / YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES!	218-10		3B Marie A.	Lentz Gai	Mont	rose n,Md.	Ave. 21055
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MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURRED)	DEATH HOUR A. VER) P. 21e PLACE	M. MONTH D.	19	21c HOW INJURY OCCURE	RED (ENTER NATURE	EM 18 PAR	(COUNTY	STATE
W	WHIE NOT WHIE AT WORK 278. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did 27b. SIGNATURE	pital) attended th	e deceased from	7.	o/- \$3 . 19		. 19	and from the	that (I) (we) last
	22d. PHYSICIAN'S NAME (TYPI RAYNOL		ESTRE	p	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICA	AN D	17.	-6-87 - Hoss:
	BURIAL, CREMATION, REMOVA	23b. DATE 7-9-8	33 \mathbf{pu}	NAME OF CLANEY	Mailey M.G	23d LOCATION	n.Mar	yland	1 STATE

7401 Belair Balto., Md.

BP.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDIN

ottending physician

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletel should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

injury, or other troumatic event, the medical

IMPORTANT: If them 21 is marked ox frem Josepaws

24 FUNERAL DIRECTOR

Lassahn Funeral Home

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TO HOSPITAL OR ATTENDING PRYSICIAN

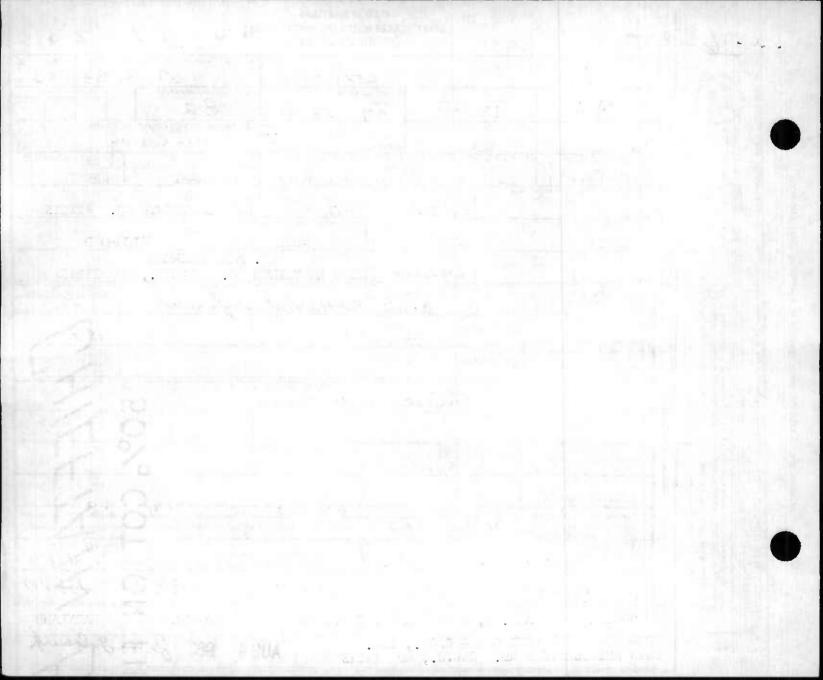
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	SEX ALE ALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND CITY OR TOWN OF DEATH COUNTRY BY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, OME I	ı		EALTH AND MENTAL HYG	REG. NI	1 7	1 2	8
Ì		MIDDLE		AST A A A	20. DATE OF DEATH	MONTH DA		2b. HOUR A
	3. SEX	P	S. DATE O		6. AGE (IN YEARS LAST BIR		WUNDER I YEAR	IF UNDER 24 HRS
		Th CITUZEN OF WHAT CO	0	7 23 01	9. BALTIMORE CITY O	YRS.		
	COUNTRY)		MARRIE		Balto	Couri		MD.
			e County	0 1.	128 USUAL OCCUPATI (TYPE OF WORK FOR MOST O MERCHANT	F WORKING LIFE)		F BUSINESS OR
-	MARYLAND 136, COUN	NTY 13c. CITY		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3500 LABYR	INTH F	RD. #2	21215
-	LOUIS	LEV		15. MOTHER'S MAIDEN NA FIRST ROSE	WIDDIE		CHMOND	T
2	(YES, NO OR UNKNOWN) (IF YES, GIV		1 - 03 - 68 23	17. INFORMANT MRS 3500 LABYRINT	S. ANNE SHÊR TH RD. BAL	MAN TO., M		2.15
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO	DNSEOUENCE OF	NOT RELATED TO THE TERM	,	DITION GIVE	N IN PART 1 C	Mr.
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ĺ	OR CONTRIBUTION CAUSE OF DE	200	NTH DAY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	214. PLACE OF INJUR (AT HOME, STREET, FACTOR		21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	sow the deceased alive on	7/3/	19 3, or	nd that in (my) (our) opinion	death occurred on the de	2.3/		that (I) (we) last couses stated
	2 mans	w Filds.	my Pi	ATTENDING PHYSICIAN	MEDICAL STATE		221. DAJE	SIGNED SIGNED
	OR MAURIC	F FELDI	MAN OF	220. ADDRESS	ROSS CO	レルナ	RY 1	3240
	238. BURIAL CREMATION, REMOVAL	AUG. 1, 198:		EMETERY OF CREMATORY	23d LOCATION CIBALETYIN		COUNTYMAR	RYLAND!
	24 FUNERAL DIRECTOR SOL 1 6010 MEREISTERSTON	LEVINSON & BI VN RD. BALTO	ROS INC	215 25e. DA	G4 98E	25th REGISTR	AR'S GONG	warely

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: should be detected for use with the State Dept. of Hin IMPORTANT: III



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STATE OF MARYLAND

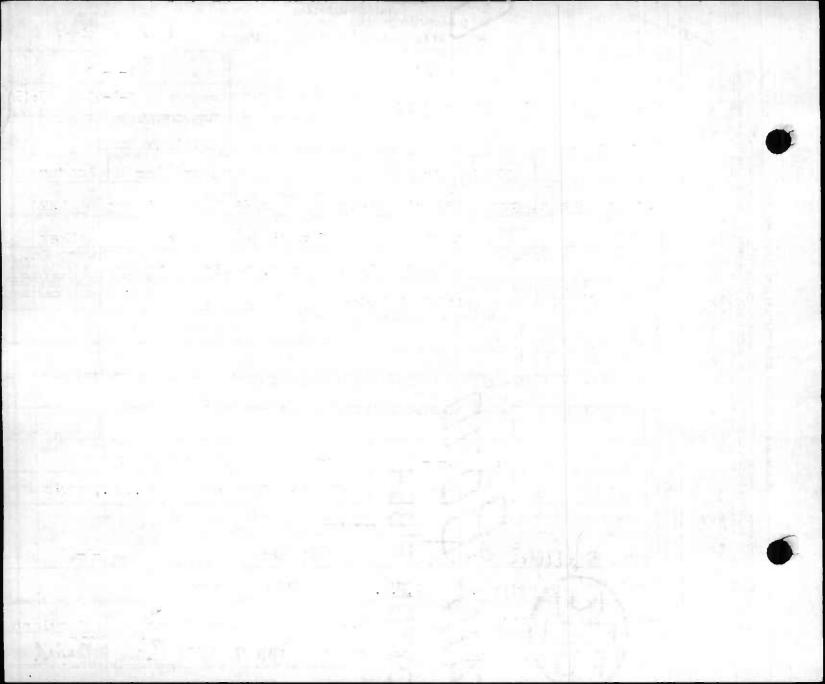
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TYPE OR PRINT)			WIODLE		LAST		Or ES			26 HOUR
	CARL		WAYNE		EWIS		DEATH MA	ED 0 7-3	3-83 19	N
SEX	4 RACE	S. DATE OF BIRTH		E (IN YEARS IF U		UNDER 24 HRS	PRONOUNCED	7-3	3-83	5: 15A
Male	White	5 27	60 2	3 YRS.			DEAD		19	N
BIRTHPLACE (}	76 CITIZEN OF WH	AT COUNTRY?	MARI	RIED X NEVER		7. BALTIMORE	CITY OR COUR	NTY OF DEATH	
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IO. CITY OR TOWN		9937 Bir	d River	Road	HER INSTITUTIO	CC	r MOST OF WORKING	on (type of work lee)	Produ	icts
SUAL RESIDENCI Ja STATE Marylar	e (if in nursing home of 13b. COUNT Balt)	ĮΥ	13c. CITY OR TO		13d. INSIDE CITY YES -		REET ADDRESS Shawge	Cour	t 212	20
4. FATHER'S NAM Stanley		MIDDLE	Lewis		Gene	vieve	MIDDLE		Walke	
60 WAS DECEAS	ED EVER IN U.S. ARM		166 SOCIAL SE	CURITY NO.	17. INFORMA	NT	Al	DDRESS48	Shawgo	Ct.
No			218-7	6-9186	Donna	M. Le	wis	Balto	., MD.2	1220
gave cause (c lying co	ans, if any, which rise to immediate a) stating the <u>under-</u> <u>ause last.</u>	(c)		THE TERMINAL DISEA						
THIC	OF OPERATION		ION FOR WHICH					- 7	20 AUTOPS	NO []
UNDERLYIN	NAL CAUSE WAS IG XX OR TING CAUSE OF D	216. TIME OF HOUR A.M. 2:50AM	MONTH DAY 17-3-83	YEAR dr	iver of		hich lef			
21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (ATH ORY, FARM, ETC.) TREET		937 Bir	d River	Roadow B	alto.,Co	O'NTY Maryl	and
	tify that I took charge Ited fram Nature		Accident X,	d an Auta Suicide	psy XX, II Hamicida JITLE (SPE- ASS I S	c(FY) tant	Inquiry	DATI	opinian E 7-3-83 NED	
EXAMINER'	RINT) Marc	garita A.			_ADDRESS	11 Penn				
Burial		6/6/1983	Hol	ly Hil		Wh	OCATION TY OR TOWN	rsh	Mary	land
7922 Wi	ctorDuda-I Lse Avent	Ruck, In ue Dun	dalk,	MD. 21		DATE REC'D.	1980	Ta Cana	3. Cauc	ef

DHMH - 17 (VR A15 ME (51) 20M 4/82

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the hospital or attending physician.

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE 5

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0,	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	D
	(TYPE	Will	iam -	Lob		July 10				M
	3. SE	Male	White	5. DATE O	rch 13, 1921	6. AGE (IN YEARS LAST BIT	THDAY] IF UN	DER I YEAR	HOURS M	A IN.
35		RTHPLACE (STATE OR FOREIGN COUNTRY) altimore.Md	76. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	Baltimore City of Baltimor	R COUNTY OF			MD.
30		Towson	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, St. JOSEPH OSEPH	G HOME O	Spital	120 USUAL OCCUPAT LIVE OF WORK FOR MOST OF Sales Mar		26. KIND C NDUSTRY end:	ix Co.	OR
35			or other institution, give residence before unity or tow ltimore Baltim		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	h Stre	ető	2122	4
36		Otto	K. Lobig		15 MOTHER'S MAIDEN NAM	MIDDLE		? 145		
1	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) I IF YES	armed forces? 166 SOCIAL SECU		Mrs. Myrtl					
	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) IT CONDITIONS CONTRIBUTING TO E	NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN I	N PART 11	0	_
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING			
9		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR		RY IN ITEM 18 PART 1	OR PART 2]		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		sow the deceased alive	Not yew the body ofter death.		DEGREE ATTENDING PHYSICIAN 226 ADDRESS	MEDICAL STA	ote and hour and			
T T T T T T T T T T T T T T T T T T T		Norman	BURNKMAN		7600 050	ea Or, +	302, BA	gv.	mor.	204
		BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d LOCATION	ro Más	UNITY 7	nd STATE	E

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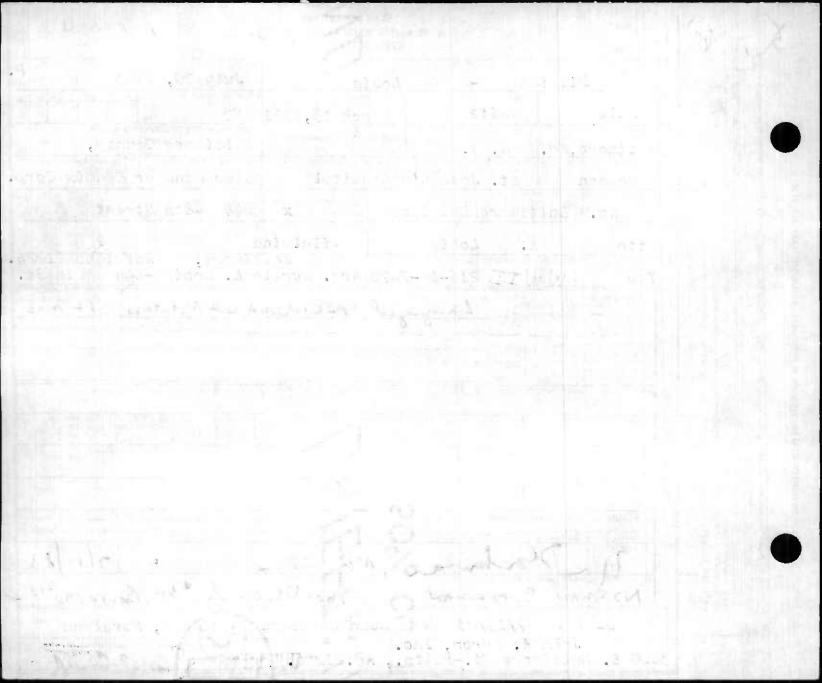
BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral disector; should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony

3000 E. Baltimore St. -Baltio.,

(VRA 15, 4)



			CERTIFIC	ALTH AND MENTAL HYG CATE OF DEATH	REG. NO		/ 0	
	PECEASED NAME FIRST ROSE	MIDDL€	LOEF	FLER	20 DATE OF DEATH	14		2:37A
3. St	FEMALE	4. RACE White	5. DATE OF	BIRTH12 1890	6. AGE (IN YEARS LAST BIRT	YRS.	INDER I YEAR	HOURS MIN.
33 70 E	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED WIDOWED	NEVER MARRIED 🛣	BALTIMORE CITY O			MI
	TOWSON	GBMC-6701 NEST			17a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Clerk		126. KIND OF INDUSTRY Retai	BUSINESS OR
130	ATHER'S NAME FIRST	Balto.	WN	134. INSIDECITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAMER'S MAIDE	13e STREET ADDRESS 116 W. Uni	v. Pkwy		21210
	WAS DECEASED EVER IN U.S. A			Mildred Ger	ADDRE rett Ba	321 1to., M		ona Ave 213
NOIL		DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) T CONDITIONS CONTRIBUTING TO	UENCE OF			DITION GIVEN		OS NESS
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC			YES NO X	IN CERTIFYIN	G CAUSES	
~	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURTED)	DEATH HOUR A.M. MONTH	DAY YEAR 19	216. HOW INJURY OCCURR 21f. LOCATION	ED (ENTER NATURE OF INJUR		COUNTY	
MEDICAL CER		(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	STREET	CITTORTO	W N	0001417	STATE
MEDICAL	WHILE NOT WHILE AT WORK 27a certify that (I) (this has sow the deceased alive above. No (we) (did) (did)	spital) attended the deceased from	7-0 83 . ond	that in (my) (our) opinion o			83 . the definition of the contract of the con	hat (I) (we) los ouses stated
MEDICAL	WHILE AT WORK 22a I certify that (I) (this has sow the deceased alive above. N) (we) (did) (did) 22d. PHYSICIAN'S NAME (TVP)	spitol) oftended the deceosed from on 19 not) view the body after death	7-0 83 . ond	that in (my) (our) opinion of	, to 7-14 death accurred on the do	. 19. ote and hour or	83	hat (I) (we) los ouses stated
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CIVISION OF VITAL RECORDS, ECT W. PRESION 51., DALL MICE, MARIEMONE, MARIEMON	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the hospital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or attending physician
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remove carbonpopers-Pages 1 and 2 should be filled within 72 haids the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			CERTIF	EALTH AND N			REG. NO.	7 /	3	4
		CEASED NAME OR PRINT)	OHN IRVIN	LONG		AST		2a. DATE OF D	PEATH MON	24		9:00P
	3. SE	MALE	4. RACE	nite	5. DATE C		25	6. AGE (INYEAL	RS LAST BIRTHDAY	YRS.	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
>		RTHPLACE (STATE OR FORE COUNTRY) Sarvland	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER M	ARRIED ORCED	BALT	IMORE			MD
		TY OR TOWN OF DEATH Cowson	G'BMCsu	HOSPITAL, NURSIN	ADDRECH!	ARLES	ST.	12a USUALOC (TYPE OF WORK FI Vice F	or most of wor	ent	FURD	iture
5	13a S N	laryland H	HOME OR OTHER INSTITUTION COUNTY Baltimore	13c. CITY OR TOW Timoni	/N	13d INSIDE CI	Хои	2128]	n-Con Founta	cept in H	Manu ill Dr	facture
C	J	THER'S NAME FIRST	A.	Last		Edna	IRST		MIDDLE		Yea	aldhall
	16a V		Korean	215-24-	-2688	Mrs.	Dolo:	res E.	Long,	2128	Foun	tain Hil
	NO		hich (b) fiate the last. (c)	OR AS A CONSEQUI	ENCE OF				OR CONDITIC	DN GIVEN	IN PART 1	9
?	CERTIFICATION	198 DATE OF OPERATIO	N 196. CONE	OITION FOR WHICH	OPERATIO	N WAS PERFO	MED	200 AUTOP	SY? 20b		WERE FINDING CAUSES	OF DEATH?
	MEDICAL CERT	22b. SIGNATUR 22b. PHYSICIAN'S NAM	EXAMINER) 21e. PLACE (AT HOME. S) is haspitall attended to alive an 9:00 P) (did not view the bad)	M. OF INJURY IREET, FACTORY, OFFICE, I he deceased from \[\frac{7}{2} \frac{1}{2} \frac{1}{19} \frac{8}{2} \]	7/1	211 LOCATIO STREET and that in (my) DEGREE A E 22 ADDRES:	, 19 83 aur) apinian (RED (ENTERNATU	RE OF INJURY IN I CITY OR TOWN And the date a STAFF PHYSICIAN	19 and hour o	83 and Iram the 22c. DATE	state that (I) (we) lost causes stated
	23- 9	DR. MARK			NAME OF C	670		CHARLE		KEE1.	- GBMC	
		Burial	7/27			nd Mer			RTOWN		COUNTY	STATE

Park

W. Padonia Rd., 21093

250. DATE REC'D. BY REGISTRAR

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Lawson,

DHMH - 16 50M 4/82

(VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
Martin D.

17 X12 3338 (1) x and one in the same of the sam EPOIS, and diffi agazno a work Orman Little 1-26 Land G. Sarola L. Land B. Sarola L. Land B. Sarola Land . Parky arky to to. J = 7 Narma P Lawson, 10 V. Padoma Rd., 21093 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather troumatic event, the

FOR

of director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	/ /	1	,

REGISTRAR			CERTII	FICATE OF DEATH	REG. N	10.		100
I. DECEASED NAME FIRST (TYPE OR PRINT) MA	Margaret REARCT	MIDDLE Cather	ine	Mack MACK	26. DATE OF DEATH	MONTH DAY	YEAR 83	26 HOUR 35
Fornale	4 RACE Wh	ite 1/c	S. DATE (6. AGE (IN YEARS LAST BI	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY S Balt	orcounty of imore Co		MD.
Rossville 21237	Manor	Care Ros	SVII.		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewife		126. KIND C INDUSTRY Home	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOM 130 STATE 136 CC Maryland B	e or other institution. DUNTY Baltimore	13c. CITY OR TOWN	ADMISSION) V	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 1 Brett C	t. 2122	1	
FATHER'S NAME FIRST Loui	s Jones	LAST		15. MOTHER'S MAIDEN NAM	Catherine			5†
160 WAS DECEASED EVER IN U.S. (YES, NO DRUNKNOWN) (IF YES	ARMED FORCES?	218 01 9		Ronald Mack	921 Foxri Baltimore	dge Lane Md. 2	1221	CIMATÉ INTERVAL ONSET AND DÉATH
Conditions, if any, which gove rise to immediate couse to immediate to immediate the underlying couse lost part 2. OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, O (c) NT CONDITIONS CO		PATH BUT	+ Pneum NOT RELATED TO THE TERM ON WAS PERFORMED	nonia INAL DISEASE OR CON 200 AUTOPSY?	20b. IF YES, W	VERE FINDIN	
210. ACCIDENT WAS UNDERLYING	110110	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR	YES NO	YES [NO []
OR CONTRIBUTING CAUSE OF CHEETHER, NOTIFY MEDICAL EXAMPLE AT WORK AT WORK	AINER) P.	M.	19	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
220.1 certify that (1) (this he saw the deceased alive above (1) (did) (did) (did)			3/0	nd that in my (our) opinion of	deoth occurred on the d	late and hour o	nd from the	that (1) (we) lost couses stated
226. SIGNATURE	our		1/4	ATTENDING PHYSICIAN	MEDICAL STA		7-	SIGNED
22d PHYSICIAN'S NAME IT		ROUN	V	Rossille	Manor	Care	- 2	1237
230. BURIAL, CREMATION, REMOVE Burial	7-20-8			cemetery or crematory on Cemetery	Baltimore			STATE
Brizdzinski fun	eral Home	PA 1407	Old F	Eastern Ave JU	E REC'D. BY REGISTRAF	25b REGISTRA	R'S SIGNAT	TURE

Home PA 1407

Bruzdzinski funeral

DHMH - 16 50M 4/82 (VRA 15, 4)

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retained by the hospital ar attending physician.

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		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
2.0	(TYPE	ORPRINTI LILLIA	n JeAn	Madden	July	19, 1983	80
(KA)	3. SEX	Trans.	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS	
31	7- 01	temale	white	Jan. 26, 1931	5 Z	YRS. DR COUNTY OF DEATH	
2 575	7 E	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		more Co	
o de de	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	126. USUAL OCCUPAT	ION 126. KIND	OF BUSINESS
Tou	1	1 Kesville	(IE NOT IN SUCH EACHLITY, GIVE STRE		5 Secreta	/	bral Pi
de sa		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY)		WN 138 INSIDE CITY LIMITS	11111	ded was	1208 Apt
(20)	14, FA	THER'S NAME PIRST	MIDDLE MAST	Iden Ware	NAME EMIDDLE	Aboth Gi	ST WINA
dicole			MED FORCES? 166 SOCIAL SE		ADDR	Standed a	JAU AC
med	,	YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 179-24	-3885 Linda 1	nadden F	ikesuille.	with !
at, the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	lly one cause per line for (a), (b), (b)	and an A. R. I) and in C	BETWEEN	CONSET AND DEA
ic eve		IMMEDIA	TE CAUSE (o)	static Prince	cogenice C		
on, o		Conditions, if any, which	DUE TO, OR AS A CONSEQ	DUENCE OF			
er tro	1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF			
ol, cr or oth		underlying cause last.	(c)				
luny, o	Z	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 1	10
ony in	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20s. AUTOPSY?	20b. IF YES, WERE FIND	
ows /	TIFIC				YES NO	IN CERTIFYING CAUSE YES	NO [
18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS		CURRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART 2)	
Hem	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19 211, LOCATION			
ona n	MEDIC	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		CITY OR TO	OWN COUNTY	STATE
a more			tol) attended the deceased from	7/ 10.8	2_, to	19.83	, that (It (we)
of H		sow the deceased alice so above, (i) (we) (did) (did no	Flyow the body after death /	ma mgt in (my) (our) opin	ion death occurred an the d		-
Dept f hem		27% SIGNATURE	11CV	ATTENDING	MEDICAL STA	2771.72.00	E FIGNED
Stote	-	226 PHYSICIAN'S NAME TYPE	DE PRINT	PHYSICIAN 77% ADDRESS		CIAN	17185
th the	1	ALON M.	Shorofok	1 1708 W	titchead &	Ed. 1	- 1/
₩ 3 ¥	230	BURIAL CREMATION REMOVAL	123h DATE 123	NAME OF CEMETERY OF CREMATO	PV 123d LOCATION		

236. DATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

23a BURIAL, CREMATION, REMOVAL

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

26. HOUR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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2	S. AFTER DEATH. IF ANY DELAY IS YET GIVE PAGES 1, 2, AND 3 TO TH. FORM PM. 3. RETAIN PAGE S. PAGES 1 AND 2 SHOULD BE FILL OF VISION OF VITAL RECORDS, 2017
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	A A A A A
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS VECELSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING." IN PENCIL IN 11EM 18. GIVE PAGES 1, 2, AND 3 TO THE FOOT DONE OF CHEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. G. DUR FILES. TO FLUEREAL DIRECTOR, PAGE 3 SHOULD BE FORD AS A BURIAL. TRAINT PERMIT PAGES 1 AND 2 SHOULD BE FILED AS A BURIAL. TRAINT PERMIT PAGES 1 AND 2 SHOULD BE FILED AT A HOUR STAFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 2017 LIPS FION STREET BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL MYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME Te. DATE KNOWN 2 (TYPE OR PRINT) ESTI-Helen (Toby) MAGASKIE DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER TYR. | IF UNDER 24 HRS. DATE OF BIRTH 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 4:30 8 Female White 21 61 DEAD 198 TA BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Pennsylvania U.S.A. WIDOWED T DIVORCED Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Dundalk Housewife 4128 Eder Rd LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13L CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Dundalk 4128 Eder Road 21222 Maryland NO K 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Michael Maleski Konopka Josephine The WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT 78109RESt.Claire Lane (YES, NO. OR UNKNOWN) 148-16-0463A Leon F. Magaskie No Balto., MD21222 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab wounds of thorax DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19e DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 71a EXTERNAL CAUSE WAS 7Th. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Subject stabbed ? P.M. 7-20/21 19 83 21d INJURY OCCURRED THE PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC 1 CITY OF TOWN COUNTY STATE WHILE AT WORK home 4128 Eder Rd. Balto. Md. 22e. I certify that I took charge of the remains described above, held on Hamicide | deoth resulted fram: Natural causes Undetermined manner Accident TITLE (SPECIFY) 7-23-83 Assistant EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dixon. M.D. JAnn M. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

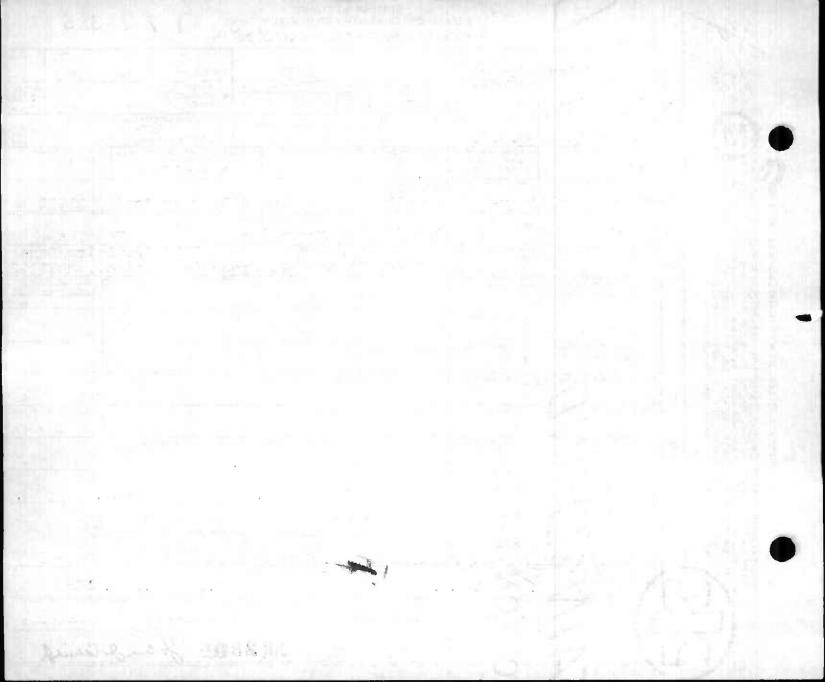
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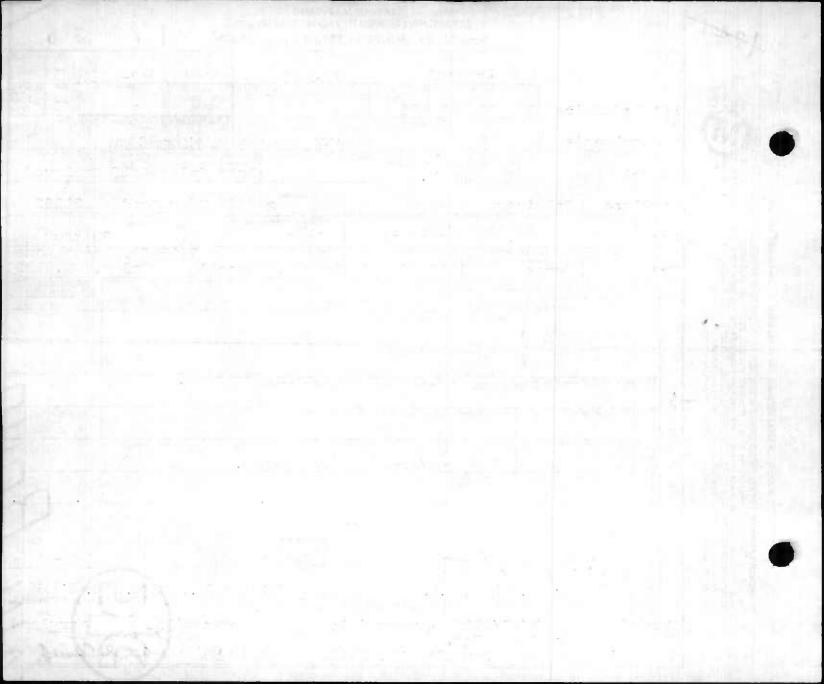
Maryland



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EVAMINED'S CERTIFICATE OF NEATH

REG.	NO.	1	3	6

12	#1		FOR STATE REGISTRAR			EPARTMENT	OF HEALTH	AARYLAND I AND MENTAL CERTIFICATE	14	Ä RE	1.NO.7	/ 3 (5
- 0			CEASED NAME	FIRST		MIDDLE		LAST	2 0	OF ESTI	HTHOM N	DAY YEAR	76 HOUR
ASE OR.	ET,	JOSEPH				nard		MAGASKIE		DEATH MATE		0/2119 83	M
355	HOURS STREET,	3. SE)	4	RACE	5. DATE OF BIRTH		(IN YEARS IF UT		ER 24 HRS. 20	ONOUNCED	MONTH	DAY YEAR	14 HOUR 4:30
498	The second			White	12 22	27 55	YRS.			DEAD	7 2	22 1983	DM
160	34 3 00	FO	RTHPLACE (STATE		76. CITIZEN OF WH	AT COUNTRY?		IED NEVER MA	RRIED		ITY OR COUNT		
29.3	1		nnsylva TY OR TOWN OF		U.S.A.	PITAL NURSING H					TE COUNT	12h KIND OF B	MD.
FOLAY I	Dundalk				4128 Ed	er Rd.	RESS)		FOR MO	ST OF WORKING LIF	s-Self	OR INDUS	TRY _
ANY D AND 3 RETAIN	Store 36	13e S	TATE TYLAND	113b COUNT Balt	other institution, given in the control of the cont	13c. CITY OR TOV Dundal	mission) VN k	13d INSIDE CITY LIMITS	13e STREE	address Eder	Road	212	22
F (46)	a 40 / /		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA		WIDDIE		LAST	
RE, I		Le	1 111 0 1		F.	Magask	ie	Anna		Μ.		Switze	
AFTER DEATH VE PAGES 1, 4 FORM PM	0.2	160 V	VAS DECEASED E ES, NO, OR UNKNOWN	VER IN U.S. ARM (IF YES, GIVE V KOre	VAR OR DATES)	215-24		Leon F.	Magas		PESSt.C Balt	laire o.,MD.	
JRS /	DIVE		18 CAUSE OF E	DEATH (Enter only	y one couse per line							APPROXIMA BETWEEN ONS	TE INTERVAL
24 HOU ITEM 1 LONG	PERMI SIENE, VAL.		PART I DEAT	H WAS CAUSED	BY: ST	ab wound	of the	rax				BETWEEN CHA	ET AIND OLAIN
THIN 24 FOLL IN ITEA	HYGII MOV		966	D		AS A CONSEQUE							
	RANSIT TAL HY R REMO		gove rise	if ony, which to immediate) (b)								
201 W. UTED W IN PEN EXAMIL	IURIAL - TRAN AND MENTAL ATION, OR RE		lying couse	oting the <u>under</u> lost.	DUE TO, OR AS A CONSEQUENCE OF								
RECORDS, 1D BE EXEC PENDING" MEDICAL		Z	PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO GEATH B	UT NOT RELATED TO TH	E TERMINAL OISEAS	E OR CONDITION GIVEN IN	PART 1 (e).				
PEN PEN		CERTIFICATION	19a DATE OF O	PERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?					20 AUTOPSY	7?		
그 무있도	3000/	JE S										YES X	NO 🗆
OF V E W F HE	E 3 SHOULD BE USED DEPARTMENT OF HE OF PRIOR TO BURIAL,	CH.	210 EXTERNAL		21h TIME OF HOUR A.M.	INJURY MONTH DAY	YEAR 21c. H	OW INJURY OCCUR	RED LENTER NA	TURE OF INJURY IN E	TEM TE PART I OR PA	R1 2)	
ON STH	SA S	CAL	CONTRIBUTING	CAUSE OF D	EATH ? P.M.	7-20/21	983 Su	bject sta	bbed.	1.5	- 111		
DIVISION S CERTIFIC RITING TH RDED TO	DEP I PR	MEDICAL	21d INJURY OC		STREET FACTO	FINJURY (AT HO DRY, FARM, ETC.)		CATION STREET	THE .	CITY OR TOWN	co	UNIY	STATE
MAR VAR	PAG PATE			AT WORK		home	41	28 Eder R	d.	100	Ba	alto.	Md.
DIVIS VER: THIS CER CATE, WRITIN FORWARDED	DR: PA		22a I certify	that I took charge	of the remains desc	ribed obove, held	on Autor	sy X, Inspec		Inquiry .	ond in my or	pinion	
MAIN BE 1	E E		deoth resulted	from: Noture	ol couses .	Accident ,	Suicide	, Homicide X	Undeter	mined monner	□.		
A CER	AL DIRECTOR: TH, WITH THE S., MARYLAND,		ACTUAL SIGNATURE	MAN	200			Assista	nt	AL EXAMINER	DATE	7-23-	83
AEDIC CUTE THE	TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 3		EXAMINER'S NO	AME Ann	M. Dixon	M.D.		1	11 Penr	St. E	Balto.,	Md. 212	01
TO PAGE	AFTI BALI	23a.B	URIAL CREMATIC	-			F CEMETERY C	ADDRESS	123d LOC	ATION			
BP		Bı	arial		7/27/198	3 Crov	vnsvil	le	Cro	wnsvil	le cou		land
	H - 17	24 F			Ruck, In	iC.	17-17-1	25a. DA	TE REC'D. BY R	EGISTRAR 256	DEGISTRAR'S	SIGNATURE	4
	ME (5))	7	922 Wis	e Aven	ue Dur	dalk, N	1D. 21	222 J	UL 28	1983	round	to lance	44



TO HOSPITAL OR ATTENDING PHYSICIAN: The low

STATE OF MARYLAND

	- STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	REG. NO.	1131			
Ì	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
١	Paul	Arthur	Mahoney	July 10	1983 910Pm			
I	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
Į	Male	White	April 19, 1940		RS			
1	TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH			
1	Pennsylvania	USA	WIDOWED DIVORCED	Baltimore Co				
5	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR			
	Timonium	Stella Maris H	ospice-Care Prog		Municipal			
1	USUAL RESIDENCE (IF NURSING HOME O			130 STREET ADDRESS				
	Maryland Balt	timore Glen A	m YES NO R		een Rd. #21057			
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AUDDLE	LAST			
1	James A	rthur Mahon	ey, Sr. Dorothy	Isabelle	Tennis			
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS G	reen Road, 21057			
1	No		-5467 Mrs. Norbe	rta M. Mahone				
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1	PART I. DEATH WAS CAUS	ITE CAUSE (0) Metas	athe Ravelnom	α				
1	1537	DUE TO, OPAS A CONSECU	JENCE OF					
	Conditions, if any, which	Conditions, if ony, which () Olon Concer						
1	gave rise to immediate cause (a), stating the	cause (a), stating the 3 DUE TO, OR AS A CONSEQUENCE OF						
	underlying couse lost.	underlying couse last. (c)						
1		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1 0			
1	190. DATE CIF OPERATION 210. ACCIDENT WAS UNDERLYING	Dolypools						
٦	3 190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?			
9	THE TOTAL PROPERTY.			YES NO	YES NO			
	an constraint this Charles as as		DAY YEAR 216 HOW INJURY OCCU	RRED (EFTER NATURE OF INJURY IN ITEM	A 10 PART I OR PART 2)			
1	GREGORIBUTING CAUSE OF DE	MIN	19					
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	21e PLACE OF INJURY	FARM FIG 1	CITY OF TOWN	COUNTY STATE			
	AT WORK NOT WHILE							
	22a.1 certify that (1) this hasp	pital) attended the deceased from	10 83	5 . to	, 19_3, that ([we) last			
	naw the decreased alive of obove. (If (we) did) did n	ot) view the body ofter death.	83, and that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated			
	THE GIGNATURE	00	DEGREE	1	221. DATE SIGNED			
	MENDOL	Letalle	ALL PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/10/83			
	22d, PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	Tir	monium, Md. 2109			
	Kendall R.	Faulkner, M.D.	Stella Mari	s Hospice, Dul	aney Valley Rd.			
	230. BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	of Oldata variables			
	(SPECIFY) Burial	7/14/83 St	. John's Ch. Cem.		o. Co. Maryland			
	24 FUNERAL DIRECTOR		Timonium 2109 🕉 DA 0 W. Padonia	TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE			

DHMH - 16 50M 4/82 (VRA 15, 4)

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etoined by the hospital or attending physician

MPORTANT: If Hem 21 is morked or Inter 18 shows any injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicia should be detached for use as the bunal-transit permit. Then please remove corbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENT

AL HYGIENE H	B 3 _	177	38
20. DA	TE OF DEATH MON	TH DAY MEAN	2h. HOUR

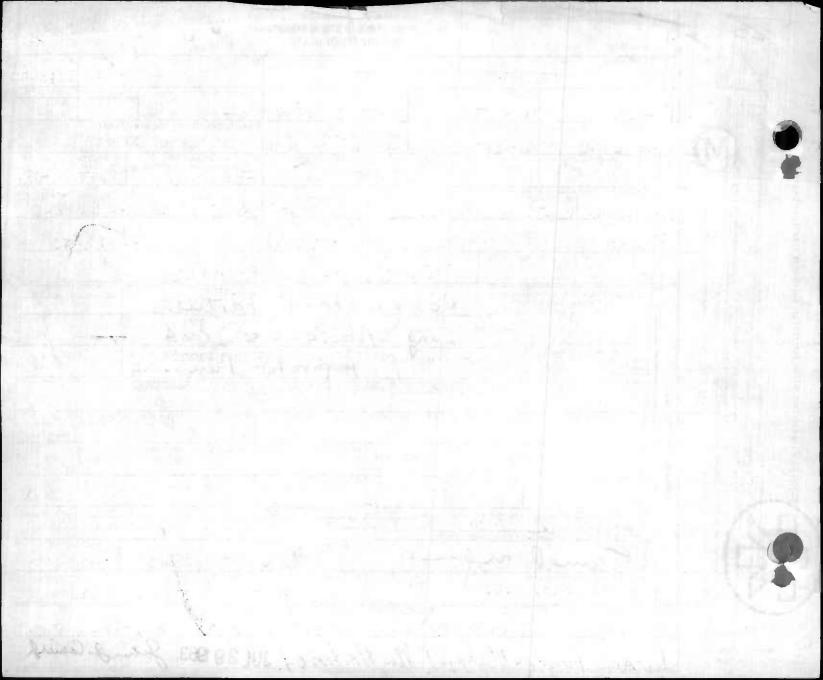
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	111100
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	THE 2h HOUR
1 "	TYPE OR PRINTS	REDERICK C	MAHN	7	-20-83 12330
3. 5	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 H
10	TALS	WHITE	OCT- 3. 1898	84	rs.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	. BALTIMORE CITY OR CO	
16	JARYLAND	U-S.A.	WIDOWED DI DIVORCED	BALTIMORE	COUNTY
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS C
8	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET A	PH HOSPITAL	CTYPE OF WORK FOR MOST OF WORK	INDUSTRY CARTIO AL
US	SUAL RESIDENCE (IF NURSING HOAD)	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OUNTY 136, CITY OR TOWN	ADMISSION)		2/2/3
7/5	JARYLAND BO	OUNTY COURS TARKY	13d INSIDE CITY LIMITS?	3005 WILL	OUGHBY ROAD
7 14.	FATHER'S NAME	ALL SWIED THIS IA	15. MOTHER'S MAIDEN NA		CO O I I O C MILIO
7 1	FRANK	MIDDLE	M. Mais	MIDDLE	HARBIRTS
160	. WAS DECEASED EVER IN U.S		RITY NO. 17. INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR ON DATES)	873 FAMILY	RECORDS	
	IL CAUSE OF DEATH (Ente	er only one couse per line for (a), (b), and		failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CA	USED BY:	pratory	Failuso	
	401D		NCE OF A Lung absc	ess- CVA.	
100	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	11000	SOVA	
1	gove rise to immediate	(1)	Aspiratio	n pneumonia	
	underlying cause lost			To Preuma	ng
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	N GIVEN IN PART 110
NO	5				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
				YES NO	YES NO
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				RED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART ?)
3	OR CONTRIBUTING	POEMIN	19		
WEDIC	21d. INJURY OCCURRED	210. PLACE OF INJURY	2H LOCATION	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE AT WORK	(A) NOME, SINCE, PACIONI, OFFICE, PA	00	7 00	0.7
	220.1 certify that (美(this h	aspital) attended the deceased fram_	0-19 19 03	, to	, 19, that (h (we) h
	sow the deceased alive	7-20 Not Niew the body ofter death.	03, and that in (Xy) (our) opinion	death occurred on the date on	d hour and from the causes stated
	226. SIGNATURE	A	DEGREE M .		22c. DATE SIGNED
	(& ama	el megen 8		MEDICAL STAFF DIRECTOR PHYSICIAN	7-20-83
		YPE OR PRINT	22e ADDRESS		
-	Kamal Jai	n, M.D.	7620 YOF	RK ROAD TOWS	ON MD 21204
230	BURIAL, CREMATION, REMO	VAL 236. DATE 236. N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	RISPECIFY) - A)	Tuly 23 1983 GO	LONG OF FAITH	SCSS Y R	ALTIMORE MO
24	FUNERAL DIRECTOR	TIVA 1 GO TIMBIO F	250. DAT	TE REC'D. BY REGISTRAR 25b. PA	OISTRAR'S SIGNATURE
	F. MAME FILL	le 14/7 hadoriss	Van Flackatt RI	1111 29 1983	blung while
	LIVANS FUN	VerALL MAPEL 8	You FlATFAH Od	M 58 800	Sunda and

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be then with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH - 16 50M 4/82 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending phy



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

eath. Page 4 may be

executed within 24 hours after and campletely filled in by the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE S CERTIFICATE OF DEATH

17739

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		
	RST	MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
TYPE OR PRINT;	DWARD		MAK	SEL.		7 26	83	1515 AM
3. SEX	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
Male	Wh:	Lte	MONTH	5° 11	72	YRS.	NIHS DAYS	HOURS MIN.
To. BIRTHPLACE STATE OF FORE		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
Wisconsin	U.S.	Α.	WIDOWE		Baltimor	e Count	ty	MD
10 CITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	E BUSINESS OR
Lansdowne		ltimore A			Lumber Ins	pector	Inspe	ction
USUAL RESIDENCE (IF NURSING			ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		A	genry
Maryland	Baltimore	Lansdow		YES NOX	179 Balti	more A	venue	21227
14 FATHER'S NAME				15. MOTHER'S MAIDEN NA				
Charles	MIDDLE	Makse	1	Magdale	ne		Dziû	binski
160 WAS DECEASED EVER IN		166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS	21	227
YES, NO OR UNKNOWN) (II	WW II	393-05-	2751	Margaret M.	Maksel 179	Baltin		
18 CAUSE OF DEATH (E	inter only one couse per CAUSED BY:	line far (a), (b), and	dicul,					MATE INTERVAL
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	Central	News	our System	Coma			Edan
11009		DACA CONSCIONS	NCE OF					0
Canditions, if any, w		R AS A CONSEQUE	INCE OF	netastare			2	when
gave rise to immed	iate						1.1	
						4	מינד	
PART 2 OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	a
Z O								
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	N 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDING	NGS USED OF DEATH?
TIE					YES NO	YES		NO [
210. ACCIDENT WAS UNDERLY	110110 4	FINJURY M. MONTH DA	VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	T I OR PART 2)	
OR CONTRIBUTING CAUS	DE OF DEATH	M. MONTH DA	19					
(IF EITHER, NOTIFY MEDICALE 216. IN JURY OCCURRED		OF INJURY		21f. LOCATION	CITY OR TO	OWN	COUNTY	STATE
WHILE NOT WHILE	[AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	SIREET				
220.1 certify that (1) thi			41	19 19	3,10 7/0	26 19	83	tha ((we) last
saw the deceased of	clive on 6/2-7	ofter death	8-3 /ar	nd that in (aur) opinian	death occurred an the d	late and hour o	and from the	causes stated
226. SIGNATUR	//	0 1		DEGREE	100		22c. DATE	SIGNED
alra C	- Water	do Mi	10	ATTENDING PHYSICIAN [MEDICAL STA			
22d. PHYSICIAN'S NAME	(TYPE OR PRINT))		22e ADDRESS				
Dr. Willia	m Waterfie	ld		900 Caton A	venue Onco	logy D	ept.	
230. BURIAL, CREMATION, REA		23c N	NAME OF C	EMETERY OR CREMATORY	1234 LOCATION			
(SPECIFY) Burial	7/29	/83 Go	od Sh	epherd Cemete	ery Ellicot	t City	Howard	Md. STATE
	7/29		212		ery Ellicot			

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: # Hem 21 is marked or Hem 18 shaws any injury, ar ather traumotic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYRENE ...

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1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	o.		
	CEASED NAME	FIRST	A	AIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR a
(11PE	OR PRINT)	Edward		Lerov	MALS	STROM	July 20,	1983		2:00 M
3. SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST OF		ONTHS DAYS	IF UNDER 24 HRS
	Male		Cauc		MONTH	/21/15 YEAR	67	YRS.		HOURS MIN.
	RTHPLACE (STATE OF	R FOREIGN	Th. CITIZEN OF	WHAT COUNTRY?	B.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Balto.		USA		WIDOWE		Baltimore	Count	У	MD.
10. CI	TY OR TOWN OF DE	ATH	11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	170. USUAL OCCUPATI		AZI KIND S	F BUSINESS OR
	Balto.		Frank	lin Squa	are H	Mospital	Elec. Me		Total	isator
USU,	Md.	13B COUN Bal		136. CITY OR JOWN Balto		134 INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS 4558 Ber	nerto	on Dr.	21236
14. FA	THER'S NAME				114.11	15. MOTHER'S MAIDEN NA				
	Alfred	Mals	trom	LAST		Bessie (ne	ee Webster	-)	LAS'	
	VAS DECEASED EVE		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
	Yes	WW	II	218-09-	-5683	Margaret N	Malstrom.	same	addre	255
	Canditions, if an gave rise to in couse (a), statunderlying cause	y, which nmediate ing the	DUE TO, O	Cardiopul R AS A CONSEQUE Severe At R AS A CONSEQUE	NCE OF heros	clerotic Card	liovascular	Diseas	e	
	PART 2. OTHER SIC	GNIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 11	5
CERTIFICATION		of Mul	tiple M	vocardial	Infa	rctions; Hist N WAS PERFORMED		estive	WERE FINDING CAUSES	Failure
	210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEA	IB I	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCU	WHILE	71e. PLACE	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC }	ZII LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that	(this hospit	ol) attended th	e deceased from_	July	19 , 19 83	July 2	.0	9 83	that (we) lost
	sow the deced	sed olive on.	July 2	Otter death	83 or	nd that in (our) opinion	death occurred on the de	ate and hour	and from the	couses stated
	77b SIGNATUR	66	ho	~~~		DEGREE ATTENDING PHYSICIAN [MEDICAL STAI		7- 2	SIGNED S
	224. PHYSICIAN'S N		binson,	M.D.		9000 Frank	klin Square	Drive	21237	

234 NAME OF CEMETERY OR CREMATORY
Moreland Memorial

TO FUNERAL DIRECTOR: After this certificate has been signed by

etoined by the hospital or

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene IMPORTANT: If them 21 is marked or frem 18 shows

DHMH - 16 50M 4/82 (VRA 15, 4)

14. FUNS CHIMOnek Funeral Home

9705 Belair Road, 21236

7/23/83

230. BURIAL, CREMATION, REMOVAL (SPEBurial

Balto., Md COUNTY

STATE

ofter death. Page 4 may be

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERII	FICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	MI	DDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26.	HOUR
(TYP	WARR	REN E	MAM	IN . JR	J	ULY 05	1988	M
3. SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		INDER I YEAR IF	UNDER 24 HRS
	Male	White	0	5 68 25	58	YRS.	THS DATS HO	DURS MIN.
7e. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY? 8.	ED E NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	California	U.S.A	WIDOW		BALTIM	ORE CO	UNT Y	MD.
10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME		120. USUAL OCCUPAT	ION	126. KIND OF 81	
_	WSON, MD.	GBMC-6		RLES ST.	Vice Pres.			
130			ive residence before admission 13c. CITY OR TOWN TOWSON	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 7913 Spri	ngway R	d. 212	04
14 F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE		LAST	
1	Warren	E, Mani		Virginia	MIDDLE	Pande		
	WAS DECEASED EVER IN U.S		66. SOCIAL SECURITY NO.	17. INFORMANT	ADDR			
		WWII	565-26-4441	Elaine W.	Mann, same	as #13	e	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR (c)	AS A CONSEQUENCE OF	RDIAL INFAR		20b. IF YES, W	IN PART 110	
TIFIC					YES NO		IFYING CAUSES OF DEATH?	
MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK OF A WORK AT WORK 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			211. LOCATION STREET	RRED (ENTER NATURE OF INJU		OR PART 2)	STATE
	220.1 certify that (1) (this h sow the deceased alivabove, (1) (we) (did) (di	e on JULY	4 19 83	and that in (my) (our) opinior	3_, toJULY death occurred on the d	5 19	nd from the cou	
	226. SIGNATURE	Deins		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF YY	7/05/	_
1	224. PHYSICIAN'S NAME I	TYPE OR PRINT)		220 ADDRESS	- DIKECIOK - PHYSIC	TAIYLA	1//03/	05
1		DAVIS, ME).	GBMC-6701	N. CHARLE	SST		
230	BURIAL, CREMATION, REMO	VAL 236. DATE	23c NAME OF	CEMETERY OR CREMATORY	236 LOCATION			
E	Surial	7-8-83	Lorrai	ne Park	Baltimon	re, Mary	yland	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR SY REGISTRAR SIC ATURE

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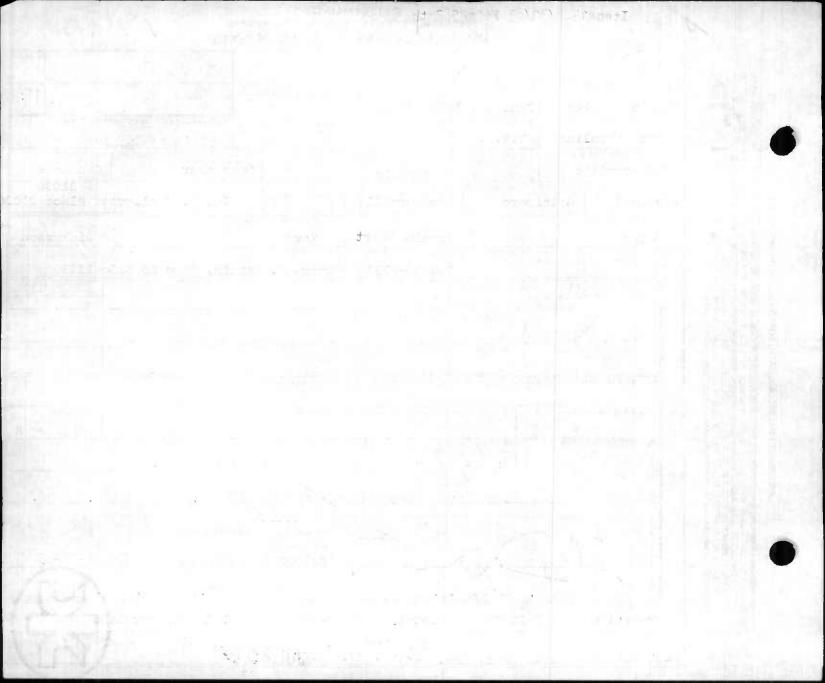
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		EASED NAME FIRST JAMES	E		RTIN	AST	07/29/83	25 HOUR 8:00AI
3	. SEX		4 RACE	MIT I	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS
		Male	B1a		8	14 17	65 YRS.	
2	C	THPLACE (STATE OR FOREIGN DUNTRY) Carolina	U.S.		MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE C	
36	0 CIT	Y OR TOWN OF DEATH TOWS ON		PITAL, NURSING	G HOME C	CHARLES ST	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
1	3a. S'	RESIDENCE (# NURS FOR COU	ROTHER INSTITUTION GIVE		ADMISSION)	13d INSIDE CITY LIMITS?	I3e STREET ADDRESS 2136 Mount Ro	21217 val Terrace
		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		LAST
21		Ernest		Martin		Mary	Α.	Harris
O III	6a. W	AS DECEASED EVER IN U.S. A	IVE WAR OR DATES	SOCIAL SECUE		17. INFORMANT	ADDRESS	
E		Yes	2	44-20-	3879	Emma J. Ma	rtin 2136 Mt.R	oyal Terrace
-		gove rise to immediate	/					
ows ony injury, or other t	HEICATION	couse (0), stating the underlying couse lost.		TRIBUTING TO D	EATH BUT			N IN PART 110 WERE FINDINGS USED YING CAUSES OF DEATH?
	CERTIFIC	COUSE (O.), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE	CONDITIONS CONTINUE OF INHOUR A.M.	TRIBUTING TO D	OPERATION YEAR	NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF YES, IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
	CAL	COUSE (0.), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED)	CONDITIONS CONTINUE OF INHOUR A.M. 21b. TIME OF INHOUR A.M. 21c. PLACE OF	DN FOR WHICH (NJURY MONTH DA	OPERATION AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
	MEDICAL	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 3 OTHER SIGNIFICANT PART 4 OTHER SIGNIFICANT PART 5 OTHER SIGNIFICANT PART 6 OTHER SIGNIFICANT PART 6 OTHER SIGNIFICANT PART 7 OTHER SIGNI	CONDITIONS CONTINUED TO THE PLACE OF LATH OF PLACE OF LATH OWNERS STREET.	IRIBUTING TO D NJURY MONTH DA INJURY FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI 21i. LOCATION STREET 27 , 19 83	200. AUTOPSY? 200. AUTOPSY? YES NO YES RED (ENTER NATURE OF INJURY IN ITEM TS. PA	WERE FINDINGS USED (ING CAUSES OF DEATH? ON PART 2) COUNTY STATE 19 83 , tho (1) we lost ond from the couses stoted
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S. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR 6. AGE (IN YEAR) S. DATE OF BIRTH DAY YEAR FEMALE MONTH DAY YEAR FROMOUNCED TO 21 19 8		PE OR PRINT	NE FIRST		MIDDLE S.	LAST	2a. DATE KNOW OF ESTI-		YEAR
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MOSES Martin Short Mary Dicke Martin Short 13a :	STATE				e 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS K	nollcrest F	210 Plac	
NO 240-34-9731 Gerard J. Martin, Same As #13e 2103C 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE (a)	4	Moses			Martin Shor	rt Mary	WIDDIE		icke
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deoth resulted from: Notural sauses Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 7-21- EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 2120 230. BURIAL, CREMATION, REMOVAL 235 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION		gove couse (couse (couse (couse (couse (couse (couse (couse couse	ise to immediate) stating the under- use last. SIGNIFICANT (DNDITIONS FOPERATION AL CAUSE WAS G X OR ING CAUSE OF	CONTRIBUTING TO OFATH 19b. CONDIT 21b. TIME OF HOUR A.M DEATH 8:303M	BUT NOT RELATED TO THE TERMINAL TION FOR WHICH OPERATION FINJURY MONTH DAY YEAR X 7-21- 19 83	ON WAS PERFORMED? TO HOW INJURY OCCURR Subject jum	RED LEMTER MATURE OF INJURY IN IT	YE EM 18 PART 1 OR PART 2)	
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[TYPE OR PRINT] ANN M. DIXON, M.D. ADDRESS III Penn ST., Balto., Md. 2120 236. BURIAL CREMATION, REMOVAL J. 236. DATE [236. NAME OF CEMETERY OR CREMATORY J. 236. LOCATION J. 236. DATE J. 236. NAME OF CEMETERY OR CREMATORY J. 236. LOCATION J. 236. DATE J. 236. NAME OF CEMETERY OR CREMATORY J. 236. DATE J. 236. NAME OF CEMETERY OR CREMATORY J. 236. DATE J. 236. NAME OF CEMETERY OR CREMATORY J. 236. DATE J		PART 2 DIHER 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 71d INJURY WHILE AT WORK	FOPERATION AL CAUSE WAS G OR ING CAUSE OF OCCURRED AT WORK	(c) CONTRIBUTING 10 OF ATH 19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR A.M 21e. PLACE C STREET, FACT ACCORDANCE OF THE CONDITION 21c. TIME OF HOUR A.M 21c. PLACE C STREET, FACT ACCORDANCE OF THE CONDITION 21c. PLACE C STREET, FACT ACCORDANCE OF THE CONDITION 21c. PLACE C STREET, FACT ACCORDANCE OF THE CONDITION 21c. PLACE C STREET, FACT ACCORDANCE OF THE CONDITION 21c. PLACE C STREET, FACT ACCORDANCE OF THE CONDITION 21c. PLACE C STREET, FACT ACCORDANCE OF THE CONDITION ACCORDANCE OF TH	FINJURY MONTH DAY YEAR X 7-21- 19 83 OF INJURY (AT HOME. 2) TORY, EARM, ETC. 1 Raven Reserve	Subject jum Subject jum IL LOCATION STREET IT - Merryma Autopsy	RED (ENTER NATURE OF INJURY IN ITIE Apped into wate CITY OR TOWN IN MILL Rd. Inquiry	r. COUNTY Balto.	ES 🗆
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER

11.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	-	
	CEASED NAME	FIRST		MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAT		2b HOUR
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-	nnsylva			S.A.	WIDOWE	D DIVORCED	BALTIMO			MD
10 C	ITY OR TOWN OF	DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND OF	BUSINESS OR
2	TOWSON			OSEPH H		AL	Salesman		Dai	ry
USU 130.	AL RESIDENCE (#	131. COUN	OTHER INSTITUTION TY	134. CITY OR TOW	'N	134. INSIDE CITY LIMITS?	13. STREET ADDRESS			
	ryland			Baltimo	ore	YES 📉 NO	6200 Fai:	r Oaks	Ave.	21214
14. F/	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST	,
1	Willia	am	J.	Matche		Elizabet			Smit	
	VAS DECEASED E		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADD		2121	
	No			186-10-	5830A	Emma L. Ma	atchette,	6200		
	18 CAUSE OF D	EATH (Enter onl	y one couse pe	r line for (o), (b), on	d (cl.)		b		BET WEEN O	MATE INTERVAL
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	Conditions, if		((b)	Careb	rova	scular Acc	intent		0	2495
	gave rise to	toting the	DUE TO, C	R AS A CONSEQUE	ENCE OF	· landia			14	years
	underlying c	ouse lost.	(c)	HIT	erios	clerosis			1 / '	1.0.0.0
7	PART 2. OTHER	SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	VDITION GIVEN	IN PART 10	
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CERTIFICAT	198. DATE OF OP	ERATION	196 CONL	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	NG CAUSES	OF DEATH?
E				2-01000		To have bloom as a second	YES NO	YES		NO 🗌
	218. ACCIDENT WA	CAUSE OF DEA	1 216 TIME O	.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	T OR PART 2)	
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				he deceased from_	0//.	19 83		. 19		hot (we) lost
100	sow the de	ceased alive on ve) (did) (a.d n	view the body	y ofter death.	83_, or	nd that in () (our) opinion	death occurred on the	date and hour o	and from the c	ouses stated
	226 SIGNATURE		n 1	1 m.l.	.11	DEGREE			22c. DATE S	SIGNED
	Luz	and i	n del	a surac	, Als	ATTENDING PHYSICIAN	MEDICAL ST	ICIAN E	12/1	My 198:
	228. PHYSICIAN				1175	220 ADDRESS		1 0	F	1
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23o.	BURIAL, CREMAT				NAME OF C	EMETERY OR CREMATORY	236 LOCATION			
	Burial		July22	.1983	Balt:	imore	Baltimo	re	COUNTY	Md.
7R F				FUNERAL			E REC'D. BY REGISTRA	Sb. REGISTR	ME'S SIGNATI	JRE A
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DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove corban papers. Pages, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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MARYLAND 21201		>
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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGENE .

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- STATE REGISTRAR			CERTI	FICATE OF DEATH	G O	REG. NO.			0	
1. DECEASED NAME	FIRST	MIDDLE		(AST	20. DATE OF D	DEATH M	ONTH DAY	YEAR	26 HOUR	R
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3. SEX	4 RACE			OF BIRTH	6 AGE IN YEA	RS LAST BIRTH	-	NDER I YEAR		
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160. WAS DECEASED EVER	IN U.S. ARMED FORCE		SECURITY NO.	17. INFORMANT	0.0	ADDRES	S			
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18 CAUSE OF DEAT	H Enter only one couse	per line for (a), (b), and (c)					BETWEEN	ONSET AND D	VAL
	VAS CAUSED BY: IMMEDIATE CAUSE (0	ASCVD						YEAR	5	
4474		O. OR AS A CONS	SEQUENICE OF					1111		
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& PRABABLE	MITTEAR!	REBURGI	Mtion							
196. DATE OF OPERA	TION 196 CO			ON WAS PERFORMED	20e AUTOP		206. IF YES, W			
TIFIC	TANKS IN				YES 🗆	NOM	IN CERTIFYIN	CAUSES	NO [1
210. ACCIDENT WAS UN		AE OF INJURY		21c HOW INJURY OCCL	IRRED (ENTER NATI	JRE OF INJURY	IN ITEM 18 PART	OR PART 2)		
OR CONTROLLIANO	CAUSE OF DEATH	P.M.	DAY YEAR							
(IF EITHER, NOTIFY MED 21d. INJURY OCCUR	RED 21e PLA	CE OF INJURY		211. LOCATION	TELL OF					
WHILE NOT W	HHE	E, STREET, FACTORY, O	FFICE, FARM ETC }	STREET		CITY OR TOW		COUNTY	517	ATE
	(this hospital) attende	d the decensed f	rom 7-1;	3 1983	10 7	-11	19.	83	that_(I) (w	re) last
sow the decea	ed olive on 7-17		27	and that in (my) (our) opinio	n death occurred	on the date	e and hour a			
22b SIGNATURE	did) (did not) view the b	ody after death		DEGREE				22c. DATE	SIGNED	_
Darable	The Willer	mb '	455	MY ATTENDING PHYSICIAN		STAFF	NIT!	2/1	1/83	
224 PHYSICIAN'S N	AME (TYPE OR PRINT)	11-		27e ADDRESS	- DIKECTOK [J FINISICIA	114 💌	1		
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23a BURIAL, CREMATION	REMOVAL 236. DATE		231 NAME OF	CEMETERY OR CREMATORY	Y 23d LOCAT	ION				

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

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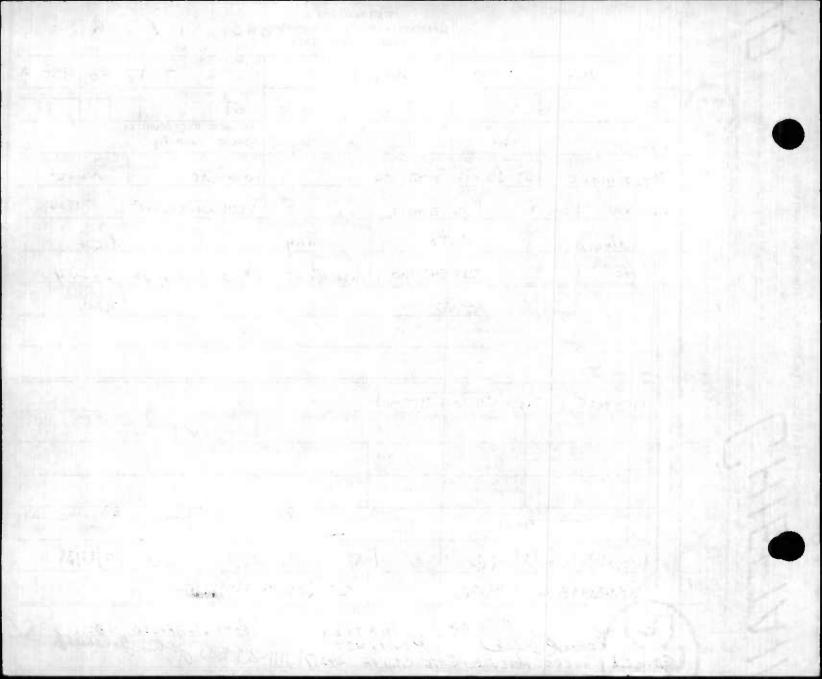
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IMPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIRECTORMICAL EMERAL HOME THE - GATE City OA 2425

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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS I	execute the certificate, writing the word "Pending" in Pencil in ITEM 18. Give pages 1, 2, and 3 to the FI	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERANT. PAGES 1 AND 2 SHOULD BE FILED,	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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3. SE F€	x male	4. RA	hite	5. DATE OF BIRTH MONTH DAY Sept. 5	YEAR	6. AGE (IN YEAR LAST BIRTHDAY 53 YRS	MONT		UNDER 24	IN. PRONC	ATE DUNCED AD	M	7	3 19 8°	10
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13a. S	AL RESIDE STATE [aryl:		113b. COUNT	r other institution. TY imore	13c CIT	e BEFORE AOMISSION Y OR TOWN 1thervi]		134 INSIDE CITY I	LIMITS? 13	STREET ADI	Coll	ege	Aver	nue 210	093
14 F	ATHER'S P			MIDDLE M.	N	leKnight		15. MOTHER'S FIRST Ber		VAME	MIDDLE	н	lewit	LAST	
16a. '	WAS DECI	E ASED EVE		AED FORCES?		CIAL SECURITY		17 INFORMAL			ADD	RESS	LCW I		
((ES, NO, OR (JHKHOWH)		WAR OR DATES)		-34-185		Mr. M	ark C	. Matt	hews	821	Ho]	llins	St.
	III. CAL	SE OF DE	ATH (Enter onl	y one couse per li	ne for (o), (b), and (c).)								APPROXIMA BETWEEN ON	ATE INTERVA
	PAR		WAS CAUSED		Arteri	osclero	tic	cardio	vascu	lar di	sease				
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	lyin	g couse los	<u> </u>	(c)											
Z	PART 2 D1	HER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERMIN	AL DISEAS	E OR CONDITION GI	VEN IN PART 1	a					
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23a E	SPECIFY)		REMOVAL 2			NAME OF CEM				CITY OR TOWN			COUNT		STATE
74 5		ation		July 8,19	183 N	Vestview			DATE REC	Balti D. BY REGIS	more,	REGISTE	ary	land	4
	NAME		Funer	al Home,		1050 Yo			JUL	8 1983	7	- au	2	Cone	A
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DIVISION OF VITAL RECUKDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2 120	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs retained by the hospital or attending physician.	
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGENE	3
CERTIFICATE OF DEATH	

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	1 DEC	CEASED NAME FIRST	MIDD	DLE	LAS	IST	REG. N		AY YEAR	126 HOU
		OR PRINT) ROBE		MAVIS			JULY 22			I HOO!
	3 SEX	K	4. RACE		S. DATE OF		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS
10		Male	White		Feb.	19,1902 YEAR	81	YRS		
16		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
11		New York	USA		WIDOWED		Baltimo	re Cou	ntv	
10		TY OR TOWN OF DEATH Towson	500 Vi	irginia	G HOME OR ADDRESS) Ave.	R OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Stationary	ION OF WORKING LIFE	126. KIND	
35	130 S	AL RESIDENCE (IF NURSING HOME STATE 136 COI Maryland Ba		E RESIDENCE BEFORE C. CITY OR TOWN TOWSON	N	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 500 Vir	ginia	Ave.	21.20
211		John Mavis	WIDDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST Antoinette	WE			AST
1	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 161	b. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDR	ESS		
/	1	No No	Z Z	213-01-2	2053	Jean Gallagh	ner 1305 Hea	ather H	Hill R	d. 21
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	(b) DUE TO, OR A	s a conseque s a conseque	NCE OF					
9	CATION	gave rise to immediate couse (a), stating the	DUE TO, OR A: (c) (CONDITIONS CONT	S A CONSEQUE	NCE OF	NOT RELATED TO THE TERM WAS PERFORMED	NINAL DISEASE OR CON	20b. IF YES	, WERE FIND	INGS USED
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9	MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN' 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	(b)	S A CONSEQUE TRIBUTING TO D ON FOR WHICH NJURY MONTH DA	OPERATION AY YEAR 19	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FIND YING CAUSE	INGS USED
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9		gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN' 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAMIP 21d INJURY OCCURRED WMILE NOTIFY MEDICAL EXAMIP AT WORK 22a.1 certify that (1) (this has been allowed the country of the coun	DUE TO, OR A: (c) [CONDITIONS CONTINUED TO THE ATH HOUR A.M. P.M. 216. PLACE OF TAT HOME. STREET, pital) attended the displaying the body of the continue of the body of the continue of th	S A CONSEQUE TRIBUTING TO D ON FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, FA	OPERATION AY YEAR 19 ARM, ETC.)	211. LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [6]	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES	WERE FIND YING CAUSE OF THE COUNTY COUNTY 9 and from the	INGS USED S OF DEATI
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STATE OF MARYLAND

	FOR STATE REGISTRAR		м	DEPARTMENT OF		H AND M		HYGIEN OF DEA	3	REG	7	7	4	8	
	CEASED NAM		- d	MIDOLE		Marks	15		20 DATE OF	KNOWN ESTI- MATED	4.3	7 3		YEAR 83	26 HOUR
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R	eister	stown	(IF NOT IN SUCH	OSPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS WAY ROAD		HER INSTITU	TION	FOR A	AOST OF WO	UPATION ORKING LIFE) Appre			OR IND	DUSTRY	Υ
	TATE Md.	(IF IN NURSING HOME		GIVE RESIDENCE BEFORE ADMIS 134 CITY OR TOWN Reistersto		13d INSIDE (ITY LIMITS?			RESS araw a	ay Ro	ad	211	36	
14. F	ATHER'S NAM FIRST Linw		Eugene	Mays,	Sr.	1	er's MAID	EN NAME	Mar	MIDDLE ie		Has	stin	gs	
16a. V	VAS DECEASE ES, NO. OR UNKN NO,	OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	214-84-3		Don:		nn Ma		12 ^{ALO} E Reist					
	PARTID 81 Condition	IMMEDIA IMMEDIA Ins., if any, which ise to immediate s) stating the <u>under</u>	TE CAUSE (a) DUE TO, (b)	ne for (0), (b), ond (c).) Multiple DR AS A CONSEQUENCE DR AS A CONSEQUENCE		ries							BETWEEN	ONSET	AND DEATH
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CERTIFICATION	190 DATE O	FOPERATION	19b CON	DITION FOR WHICH OP	ERATION V	WAS PERFOR	MED?					20	O AUTO		но 🗆
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	220 I cert death resul	//	ge of the remains of	Accident XX	Jesty L		Inspection in the control of the con	Undete	Inquir	manner	and in my	, ,		4-8	3

EXAMINER'S NAME (TYPE OR PRINT)

F. Smyth, Dennis

III Penn Street

230. BURIAL, CREMATION, REMOVAL 23b DATE Burial July

July 6,1983 Reisterstown Methodist Cem., Reisperstown, Balto.

| 23d LOCATION | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUNTY | COUN

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112 Erwany Soan 1A. Bonne Lynn Sayn Lateterstown, Md.	8015-13-178		, 67

	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAN MENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIENE	REG. NO.	149
	I. DECEASED NAME PIRST	MIDDIE	LAST	20. DATE OF	DEATH MONTH DA	Y YEAR 26 HOUR
-	Kat	herine W. McA	llister		7 19	9 83 10:17 %
BA	3 SEX	4. RACE	5 DATE OF BIRTH			FUNDER LYEAR IF UNDER 24 HRS
402	Female	White	7 23	02 80	YRS	, and a second
35	Baltimore	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MA	ARRIED	timore Cou	
1990	Cockeysville	11. NAME OF HOSPITAL, NURSING A PROT IN SUCH FACILITY, GIVE STREET Broadmead 138	Of Home or other institution of the contract o		CCUPATION FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
should a series of the series	USUAL RESIDENCE IF NURSING HOME 130 STATE 136 CO Maryland Ba	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 130 CITY OR TOW COCKEYS V		Y LIMITS? 130. STREET A	DDRESS 1 York Road	d 21030
ond 25	14 FATHER'S NAME Charles	Whitmyer	15 MOTHER'S A	MAIDEN NAME Lola	WIDDLE	McPherson
dicol	160. WAS DECEASED EVER IN U.S.	TOUR WAR OR DATES		T	ADDRESS	21212
me.	(18 YES, 1	213-20-2	006 Mrs. F1	rank A. Winds	or, 6103 P	inehurst Rd.
emaval	PART I. DEATH WAS CAU	only one couse per line for (a), (b), on SED BY: ATE CAUSE (a) PNEW				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
stian, ar re	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE		epsis		
al, cremo	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF			
y, or	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE	OR CONDITION GIVE	N IN PART 1 o

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY SEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK

220.1 certify that (ii) (this haspital) attended the deceased from 19 83 to 1/19 19 83 that (ii) (we) lost saw the deceased alive on 19 83 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (iii) (we) (did) (did not) view the body after death.

22b SIGNATURE

DEGREE

22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIANS

220 ADDRESS

220 ADDRESS

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOW

Burial 7/21/83 Woodlawn Baltimo

24 FUNERAL DIRECTOR 21212 250 DATE REG 19: BUNGGIATE.

Mitchell-Wiedefeld Home, Inc.,6500 York Rd.

Baltimore Balto Mo

DHMH - 16 50M 1/81 (VRA 15, 4)

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If hem 21 is marked

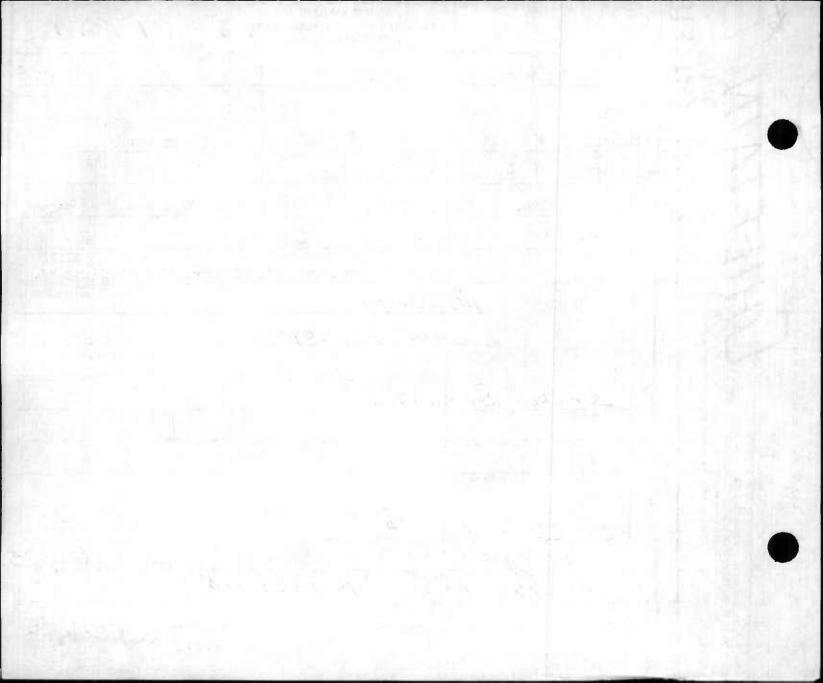
IMPORTANT

should be detached for use as with the State Dept of Health

TO FUNERAL DIRECTOR. After this certificate has been

CERTIFICATION

MEDICAL



physician and completely filled in by the fu papers. Pages 1 and 2 should be filed within

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	1 /	1	5	Ü	
McCullough	20 DATE OF DEATH	MONTH -	DAY 14-0	P3	26 HOU	RA
5 DATE OF BIRTH	6. AGE LINYEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
Jan. 17, 1912	71	YRS	MONTHS	QA13	HOURS	MIN.
COUNTRY? 8	9. BALTIMORE CITY	OR COUN	Y OF DE	ATH		

	CEASED NAME	FIREE	RGE	AIDDLE HARUL	,D	LAST MCCU	LUUGH	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1146	E OR PRINT)	org	E	ma	Cul	lough	1		7-1	14-83	3 64
3 SE		(4. RACE		5 DATE	OF BIRTH /		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YE	AR IF UNDER 24 HRS
	Male		White	Tall I	Jan	. 17,	1912	71	YRS	MONTHS DA	15 HOURS MIN.
	IRTHPLACE (STATE OR FI	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER	MARRIED -	9. BALTIMORE CITY	OR COUNT	TY OF DEATH	
	Maryland		U.S.A	1.	WIDOW		NORCED	Baltimor	e Cou	unty	M
	atonsville	ТН		HOSPITAL, NURSING HEACILITY, GIVE STREET A	ADDRESS)	OR OTHER IN:		12a USUAL OCCUPAT		12b KINI INDUSTI OPNOTE	Bakery
130	AL RESIDENCE (IF NURSI STATE laryland	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Catonsvi	N	13d INSIDE	CITY LIMITS?	13e. SIREET ADDRESS 29 N. Be	lle G	rove R	oad 2122
14. F/	ATHER'S NAME FIRST George	,	MIDDLE	McCullou	ıgh		's MAIDEN NA PIRST tha		1		avey
	VAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORM	ANT	ADDR	ESS	-	
	YES, NO OR UNKNOWN)	(IF YES GIVE	E WAR OR DATES)	212-03-4	1550	Mrs.	Eunice	F. McCullo	ugh S	Same as	# 13
CERTIFICATION	Conditions, if ony, gove rise to imm couse to, stofing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	which pediote of the lost	DUE TO, OR DUE TO, OR DUE TO, OR (c) ONDITIONS CO	RAS A CONSEQUE	NCE OF NCE OF EATH BUT	NOT RELATE		INAL DISEASE OR CON	20b. IF YE	75 IVEN IN PART	DINGS USED
RTIFIG								YES NOT	Y	res 🗌	NO [
MEDICAL CE	210 ACCIDENT WAS UNDION OR CONTRIBUTING CCCURE CIPEITHER NOTIFY MEDIC COURE WHILE NOT WHILE NOT WHILE AT WORN AT WORN	AUSE OF DEA AL EXAMINER ED	P.A 21e PLACE C	M. MONTH DA	19	21¢ HOW II	ON	RED (ENTER NATURE OF INJU	er.	COUNTY	?) STATE
	220 I certify that N (sow the decease above, (I) Ne) (31 22b SIGNATURE	d olive on	Jales	14 10 1	330 or		, 19	deoth occurred on the d	14 ate and ho		_, that N (we) lost he couses stated .TE SIGNED
	22d PHYSICIAN'S NA	R.	mos	esnon	,7.	all.		MEDICAL STA		7.	14-53
	David	R. A	10sem	2 64 M.	0_	22e ADDRE		ds Ave.	An	butens	21227 MS.

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TO FUNERAL DIRECTOR: After this etained by the hospital ar

should be detoched for use os the burial-tronsit permit. Then please re with the State Dept- of Health and Mental Hygiene priar to burial. crer

IMPORTANT: If them 21 is marked or them 18 shows

certificate has been

OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 7/16/83 23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery

23d LOCATION
Ellicott City

Md. STATE

Leroy Russell C. Witzke Funeral Homes P. A 250 DATE REC'D. BY REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, Md. 21228

,=1 m2.11 m2.11 Variable - Beathole while the BESSES - Delical States of the States dening. . Pefultauch Sond send After relate, see Research lety TENTO IN THE PROPERTY OF THE P Language of the company of the compa FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

17/51

1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
ı	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
I	(TYPE OR PRINT) Theres	a M.	McClure	July 3, 1983	0417 M
1	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDI	ER I YEAR IF UNDER 24 HRS
4	Female	White	January 5, 1910	73 YRS	
	70. BIRTHPLACE { STATE OR FOREIGN COUNTRY}	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DE	ATH
	Marylend	U.S.A.	WIDOWED DIVORCED	Baltimore County	MD.
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION		KIND OF BUSINESS OR
	Rendellstown	Baltimore Co	unty General Hosp		Lothing
	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 13b. COU			? 13e STREET ADDRESS	
	Military American September 1988	imore Woodlawn	- LUI - LUI	2002 Kennicott Rd.	21207
ř	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		LAST
4	Salvatore	Anello	Josephine		
٦	166 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!		ADDRES Baltimo:	
ı	NO	216-09-2	2466 Mrs. Connie	zielski-1231 Walters	
	18 CAUSE OF DEATH (Enter of	inly ane couse per line far 10 bil br	ndicit and	0.04	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		ATE CAUSE (a)	er al ac	arrest	
1	4149	DUE TO: OR AS CONSEQU	JENCE OF	1 . 1	11.
	Conditions, if any, which	(m/ (A)	Suan a	rien all,	4 nead
	gave rise to immediate cause (a), stating the	DUE TO, OR AVICONSEQU	SENCEOL /	1 /	92
	underlying cause last	(c) HUL	ey grup	ton	de year
1	PART 2 OTHER SIGNIFICANT	GONDITIONS CONTRIBUTING TO	DEATH BUT NO PRIATED THE H	ERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 o
Ц	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	2671	11111111111	200 AUTOPSY? 206 IF YES, WER	E FINDINGS USED
7	M 190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIFYING	CAUSES OF DEATH?
Ц	716. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	In now string occ	YES NO YES	NO []
	OR CONTRIBUTION C CALLES OF DE			CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	(PAKI 2)
1	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
ij	216 NJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CUTY OR TOWN	DUNTY STATE
	AT WORK	1100	11/1060	7/2	2
9	12st 1 certify that (1) (this hosp saw the deceased alive or	ortal) orended the declared from	A DI	ian death accurred on the date and haur and t	that (I) (we) last
	sipore, (I) artfolid) (slid m	or view the bady after death.			
	778. SGNATURE / 195V	1001	2 10 DEGREE	G MATTICAL STAFF	7/11/00
Ц	1 1/100	aco ulle	MATSICIAN	DIRECTOR PHYSICIAN	117100
l	THE PHYSICIANS MAINE THE	MA	CC 912 14	Aire Om	De Organi
Ц		21 1617	22/119110	Minoracon 1	×4,00229
	230. BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATO	CTT OR TOWN	err state
	Burial		New Cathedral Cer		Maryland/
	Ceroy MREC & Russel	1 C. Witzke Fune	eral Homes P.A. 25a	DATE REC D. BY REGISTRAR ZIN	2. Carried
	1630 Edmondson Av	/e., Catonsville,	, raryland 21228	HUL 5 ** 1983	7

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be firet with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be not

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001y 5, 1965 CANT	ozuil	30	5217917	
87	Jenuaty B. 1910		othic in the	female
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

7	1	June .	2
	1	-	60

1-	FOR STATE REGISTRAR		DEPARIM		EALTH AND MENTAL HYGI ICATE OF DEATH	REG.	NO.	/ 3	6
	CEASED NAME FIRST	cre B	eatrice M	e Der	rmott	2a. DATE OF DEATH		6, 1983	26. HOUR 515
3. SE	Femal e	4. RACE	olen	5. DATE OI	F BIRTH DAY YEAR 19 08	6 AGE (IN YEARS LAST	YRS.	FUNDER I YEAR	IF UNDER 24 HRS
Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY) arvland	USA		8. MARRIED WIDOWEE	D DIVORCED	9. BALTIMORE CITY	Cox	untu	٨
B	alto. Countu	I IF NOT IN SU	CH PACILITY, GIVE STREET A	ADDRESS)	R OTHER INSTITUTION	Tech. Li	ST OF WORKING LIF		phone
M		ltimore	134. CITY OR TOWN	ım	YES NO	30 STREET ADDRES	Stella aney V	Maris	Hospi
1 1		MODIE	McDerm	ott, S		Mar	V	Doyle	
	WAS DECEASED EVER IN U.S LYES NO OR UNKNOWN) (IF YE NO	ARMED FORCES?	216-03-		Mrs. Eleano	A	ve., Re Anally	eisterst	own 21
	Conditions, if ony, which gove rise to immediate	(b)_	RESPIRO OR AS A CONSEQUE Cerebra	NCE OF	Vascular 1	Accide	nt		
NO	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	DUE TO, C	OR AS A CONSEQUE	NCE OF	Vascular /			VEN IN PART 110	,
TIFICATION	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	DUE TO, C (b) DUE TO, C (c) NT CONDITIONS C	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERMI		DNDITION GIV	VEN IN PART 1:0 S, WERE FINDIN FYING CAUSES (GS USED
CAL CERTIFICATION	Conditions, if ony, whice gove rise to immediate couse to 1, stating the underlying couse lost PART 2. OTHER SIGNIFICA	DUE TO, C (b) DUE TO, C (c) NT CONDITIONS C 196 CONE F DEATH HOUR A	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM! N WAS PERFORMED 21c. HOW INJURY OCCURR	INAL DISEASE OR CO	20b. IF YES	S, WERE FINDIN FYING CAUSES (GS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, whice gove rise to immediate couse to its stating the underlying couse loss. PART 2. OTHER SIGNIFICATION 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION CONTRIBUTION CAUSE CAUSE CONTRIBUTION CAUSE CA	DUE TO. C (b) DUE TO. C (c) NT CONDITIONS 196 CONE HOUR A HOUR A F DEATH 1210 PLACE	OR AS A CONSEQUE ONTRIBUTING TO D OTHER DITTOR WHICH OF INJURY A.M. MONTH DA	OPERATION AY YEAR 19	NOT RELATED TO THE TERMI	20g AUTOPSY? YES NO ERECT NATURE OF IT	20b. IF YES	S, WERE FINDIN FYING CAUSES (GS USED OF DEATH?
	Conditions, if ony, whice gove rise to immediate couse to immediate couse to isotring the underlying couse loss. PART 2. OTHER SIGNIFICATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRI	DUE TO. C (b) DUE TO. C (c) NT CONDITIONS C 19b. CONE 19b. CONE 21b. TIME (OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH IT OF INJURY A.M. MONTH DA P.M. OF INJURY IREET, FACTORY, OFFICE,	OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERMIN WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 d that in (my) (our) opinion of	INAL DISEASE OR CO	ONDITION GIVEN TOWN	S, WERE FINDIN FYING CAUSES (ES PART 1 OR PART 2) COUNTY 19	GS USED OF DEATH? NO STATE
	Conditions, if ony, whice gove rise to immediate couse iol, stating the underlying couse loss. PART 2. OTHER SIGNIFICATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK NOTIFY HOLD AT WORK Sow the deceased oily above, (I) (we) (did) (d. 22b SIGNATURE)	DUE TO. C (b) DUE TO. C (c) NT CONDITIONS C 198 CONE 198 CONE 198 CONE 218 TIME (ANNER) 218 PLACE (AT HOME, S) ospitol) ottended to e on a doubt view the bod	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH IT OF INJURY A.M. MONTH DA P.M. OF INJURY IREET, FACTORY, OFFICE,	OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERMINAL NAME OF THE TERMINAL NA	200 AUTOPSY? YES NO RED (ENTER NATURE OF IP CITY OF	206. IF YES IN CERTIFY YE NOUNT IN ITEM 18 1	S, WERE FINDIN FYING CAUSES (ES PART 1 OR PART 2) COUNTY	GS USED OF DEATH? NO STATE
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DHMH - 16 50M 4/82 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be actoched for use as the burial-transit permit. Then please remove carbonopoers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or attending physician.

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Lagren, I'l . Tedonia coad, Junoriak, 18 98	A circa

this certificate has been signed by the attending physicion and he buriol-transit permit. Then please remove carbonpopers. Page;

jury, or other troumotic e-

should be detoched for use as the burial-transit permit. Then please remove carbon papel with the State Depti, of Health and Mental Hygiene prior to burial, cremation, or removal.

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m 21 is morked or hem

IMPORTANT: If he

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME	FIRST		MIDDLE	ŧ	LAST		MONTH DAY	YEAR	26. HOUR
		Alvin	a		McDo.	nald	July 18,	1983		M
3 SE	Х		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	Female		White	2	Janu	ary 14, 1896	87	YRS.	VINS. DATS	HOURS MIN.
	RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	O	9 BALTIMORE CITY OR COUNTY OF DEATH			
)	Maryland		U.S.A.			D NEVER MARRIED DED DIVORCED	Baltimore, County			MD.
10 CITY OR TOWN OF DEATH TOWSON			(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET 11en Rd	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired Sto	ON F WORKING LIFE)	126 KIND O	F BUSINESS OR
130	AL RESIDENCE (IF NURS STATE Maryland	136 COU		GIVE RESIDENCE BEFORE 134. CITY OR TOW TOWSON		134. INSIDE CITY LIMITS?	13e STREET ADDRESS 721 Hiller	n Rd	212	04
14 F	ATHER'S NAME FIRST		MIDDLE T.	LAST PNS		IS MOTHER'S MAIDEN NAM	WE	Enc	noth	т
160 \	VAS DECEASED EVER	IN U.S. AD		166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	\$5		
	YES, NO OR UNKNOWN)		E WAR OR DATES)	212-22-3		Miss Alvina			me A	s 13e
Z	Conditions, if ony, gove rise to improve loi, stating underlying cause	nediote ig the lost.	(b) DUE TO, O (c)	11	~ SC	LOTATE TO THE TERM	WALDISEASE OR CONT	Jense Office GIVEN	PART TO	<i>ES</i>
CERTIFICATION	HA DATE OF OFERA	Zn.	THE COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES [NG CAUSES	
MEDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING [(IF EITHER NOTIFY MEDI	CAUSE OF DE	P. P.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART	I OR PART 2)	
MED	WHILE NOT WE AT WORK	THE	(AT HOME STE	OF INJURY REET FACTORY OFFICE, F	ARM ETC	STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (I) sow the decease above, (II (1) (1) 22b SIGNATURE	ed alive or	6 -	22- 19		nd that in (my) (and opinion of opinion of opinion of opinion of opinion opini	deoth occurred on the do		nd from the	
	22d HYSICIAN'S NA		PRPRINTI	.D.		??e ADDRESS	Professional		Towso	n, Md

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR. After

etoined by the hospital

BP.

(VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

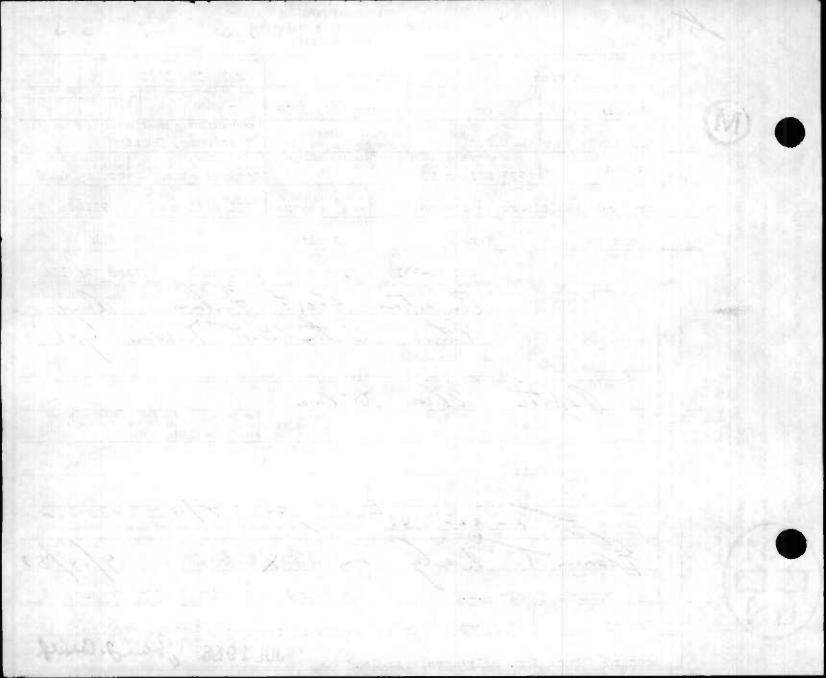
236 DATE

Leonard J Ruck Inc. Baltimore, Maruland

7/21/83

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN Evangelical Luth Baltimore, 250 DATE RECD. BY REGISTRAR 25% REGISTRAR 25



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metar, page 3

1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MAKILAND BEALTH AND MENTAL HY BICATE OF DEATH	YGIENS	S REG. NO.	7	7 5	4
	CEASED NAME	FRST		MIDDLE		AST	20. DATE		NTH DAY	YEAR	26 HOUR
		Gwla		E.		Guire		7	9	83	М
3 SE			RACE		S. DATE (6 AGE	N YEARS LAST BIRTHD	AY) IF UP	HS DATS	IF UNDER 24 HRS
2	emale		White		5	19 06	77		YRS.		
	RTHPLACE (STATE OR COUNTRY) ennsylva		USA	WHAT COUNTRY?	MARRIE WIDOW!	D NEVER MARRIED DIVORCED		ore city or o			MD.
17	altimore		(IF NOT IN SUR	TH FACILITY, GIVE STREET	ADDRESS)	21206	12a USUA (1) PE OF W hou	COCCUPATION ORK FOR MOST OF W LSEWIFE	ORKING LIFE)	NDUSTRY	making
13e.	AL RESIDENCE (IF NUR STATE aryland	136 COUNT		GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS?	13. SIRE	ADDRESS Lanh	am Wa	y 21	206
14. F	ATHER'S NAME FIRST Morga	n "	Jonati	h in J oi	nes	15. MOTHER'S MAIDEN N		Mary		Jo	nes
	WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	209-01		Gaynel M.	Butt	ADDRESS erbaug		9 La	21206 nham Wa
	Conditions, if any gave rise to im cause (a), stoti underlying cause	mediate ng the e łast	(b)	R AS A CONSEOU	ence of	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CONDIT	ION GIVEN I	N PART 10	
CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AL	- 1	Ob. IF YES, WINCERTIFYING	G CAUSES	
	21g. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT		OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY OCCU	URRED (ENTER	NATURE OF INJURY II	TIEM 18 PART I	OR PART 2)	
MEDICAL	21d INJURY OCCUR	HILE		OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	220.1 certify that (1 sow the decession obove (1) (see) 22b. SIGNATURE) (this hospite sed olive on did) (did nat	view the body	195		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICA			d from the	
	224 PHYSICIANIEN	YMA-A		WORG		6801 V	Bela	in Ra	21	206	
	BURIAL, CREMATION	, REMOVAL	236. DATE 7-12			EMETERY OR CREMATOR	ders	CATION ITY OR 1 DE 1 2	ir "	YINU	Md.STATE

JUL 1 5 1983

Lassahn Funeral Home 740 Belair Rd.

BP.

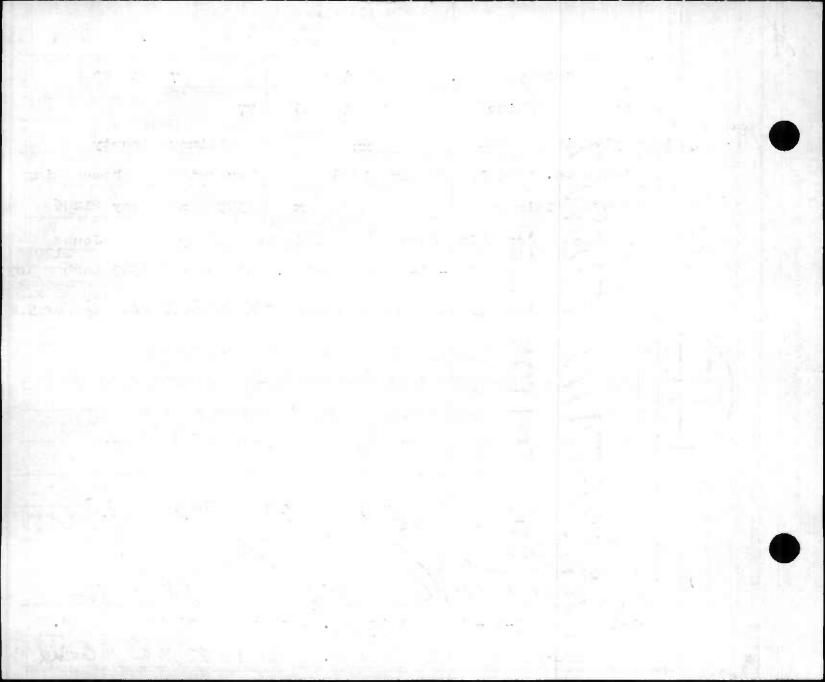
TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely should be detached far use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior ta buriol, crematian, or removal.

ATTENDING PHYSICIAN: The low requires that the death certificate be

MPORTANT: If them 21 is marked or them 18 shows ony injury, ar other traumotic event, the medical



1	-	FOR STATE REGISTRAF

director, page 3

within 24 hours ofter death. Page 4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE

7	7	fine	100	
7		2	3	

REGISTRAR			CERTIF	ICATE OF DEATH	REG, N	0.
DECEASED NAME RUSSET	L WII	LETAM	Mc	HENRY ,		MONTH DAY YEAR 26. HOUR
RUSSE	11	10.	P	PO HENCU		7 25 83 135 PM
3. SEX	4. RACE		S. DATE C	DE BIRTH DAY CEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER LYEAR IF UNDER 24 MRS
Male	Whit		Sep	t. 3, 1949	/ XX 33	YRS.
ON BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	TRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH
Maryland	U.S.A		WIDOWE	D DIVORCED	BAITH	MY LOU OF HAD
O. CITY OR TOWN OF DEATH		HOSPITAL, NU TH FACILITY, GIVE S		OR OTHER INSTITUTION	126. USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY
LOWSON	STE	19	BEFORE ADMISSION)	IS HOSPICE	Accounting	Mgr. Poly Seal Co.
130 STATE 131 COL	INTY	13c. CITY OR	TOWN		13e STREET ADDRESS	
Maryland		Balti	more	YES TO THER'S MAIDEN NA		ester Avenue 21206
FIRST	MIDDLE	LAST		FIRST	MIDDLE	LAST
Leroy		AcHenry		Mary	E.	Trego
	EIVE WAR OR DATES)		SECURITY NO.	17. INFORMANT		21239
res Vie	etnam	218-5	4-0846	Mrs. Mary E.	McHenry 6	614 Loch Hill Rd.
PART I. DEATH WAS CAUS	only one cause per	line for (o), (b), and (c)	. 0	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE 10)	IE F	pata	t10 0	lon ()	ONCHO!
1001	DUE TO, O	R AS A CONSI	EOUENCE OF			
Conditions, if ony, which gove rise to immediate	(b)					
couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSI	EQUENCE OF			
onderlying coose lost	((c)					
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART 110
Z 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	LINE CONTO	ITIONI COD VA/I	HICH OBERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED
2 IVO. DATE OF OPERATION	148. COND	IIION POR WA	HICH OPERATIO	N WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING	21b. TIME C	E INTUIDY		21c HOW INJURY OCCURR	YES NO	YES NO
OR CONTRIBUTING CAUSE OF D	110010		DAY YEAR	THE HOW HAJORI OCCORR	(ENIER MATURE OF INJU	AT IN HEM IS PART (ORPART 2)
(IF EITHER NOTIFY MEDICAL EXAMIN	P. 21e. PLACE	M.	19	211 LOCATION		
		REET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY OF TO	OUNTY STATE
AT WORK AT WORK						
	2.6 0. 1.1.1	. 1	7711	0/23 . 0	3 7/0	7 . 22
22a.1 certify that (1) (this has		e deceased fr	,	of that in (my) (our) opinion of	3, to 7/2	19 83, that (I) (we) lost
sow the deceased alive a above, (I) (we) (did) (did r	n		19, 01		3, to 7/2 death occurred on the d	ate and hour and from the couses stated
sow the deceased alive a	n		19, 01	DEGREE ATTENDING	MEDICAL STA	ote and hour and from the causes stated 22c. DATE SIGNED FF
sow the deceosed olive or obove, (1) (we) (did) (did r	not) view the body		19, 01	DEGREE ATTENDING PHYSICIAN		ote and hour and from the causes stated 22c. DATE SIGNED FF
sow the deceased alive a above, (I) (we) (did) (did r	not) view the body		19, 01	DEGREE ATTENDING	MEDICAL STA	ote and hour and from the causes stated 22c. DATE SIGNED FF
sow the deceosed olive or obove, (I) (we) (did) (did not not not not not not not not not not	OR PRINT)	ofter death. ON 1 FAU 1	MD KDE O	ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC	ote and hour and from the causes stated 22c. DATE SIGNED FF
Sow the deceosed olive of obove, (I) (we) (did) (did received) 27b. SIGNATURE 27c. PHYSICIAN'S NAME (TYPE 27d. PHYSICIAN'S NAME (TYPE (SPECIFY)	OR PRINT) LL 23b. DATE	ofter death.	KOZ 0 231. NAME OF C	ATTENDING PHYSICIAN CONTROL OF THE PHYSICIAN C	MEDICAL STA	PF CIAN A SOURCE
Sow the deceosed olive of obove, (1) (we) (did) (did not not not not not not not not not not	OR PRINT)	ofter death.	KOZ 0 231. NAME OF C	ATTENDING PHYSICIAN CONTROL OF THE PHYSICIAN C	MEDICAL STA DIRECTOR PHYSIC PACE 23d. LOCATION CITY OF TOWN Cambridge	PF CIAN A SOURCE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshold be detached for use as the build-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval...

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

injury, or other troumatic event, th

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

NAME 1050 NYork Road Ruck Towson Funeral Home, Inc. Towson, Maryland

AND STATE OF THE S the installed the same of the contract of the same of posts se por reference : promision we se side OFFI THE OFFI 14 coate 16110 241-2-0 ILL Level of our failer

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	7	1	5	6

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST Berth		DDLE	McK	im.	20. DATE OF DEATH	7 ·	DAY YEAR 83	2b HOUR
3 SE	x ema le	White		S. DATE C		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY) irginia	76. CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City	_		MD
	andallstown		SPITAL, NURSIN FACILITY, GIVE STREET A		General	12a USUAL OCCUPAT CLYPE OF WORK FOR MOST HOUSEWII	OF WORKING LI	EL INDUSTRY	malcing
13a.	AL RESIDENCE (IF NURSII) ALL RESIDENCE (IF N	HTY I	ive residence before 30. CITY OR TOW Battimon	N	13d. INSIDE CITY LIMITS? YES P NO -	13. STREET ADDRESS	eton rank	Hill L k n St	Manor .21201
14. F	ATHER'S NAME PIRST	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		Kempe	
	WAS DECEASED EVER IN U.S. AF	F WAR OR DATES	66 SOCIAL SECU 219-10-		Clarence G			Hillto	els.
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE	NCE OF	Dealle	she is a	ليمي	J. W	MATE INTERVAL ONSET AND DEATH STOCKES
CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	E 13	-us	31	NWAS PERFORMED	700 AUTOPSY?	20b IF YES	5, WERE FINDING CAUSES	NGS USED
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LEF FITHER, NOTEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE NOTEY MEDICAL AT WORK	P.M.	. MONTH DA	19	211. LOCATION STREET	RED (ENTER NATURE OF IN)		COUNTY	STATE

saw the deceased alive on above, (1) (Net) (did) (did not) view the body after death.

19 & SIGNATURE

124 BHYSICIAN'S NAME AND CARRY!

23b. DATE

22a.1 certify that (1) (this hospital) attended the deceased from

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22t. DATE SIGNED

that (I) (we) last

224 PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL BURIAL

ntck

23c. NAME OF CEMETERY OR CREMATORY

Bel Air Mem.

22e ADDRESS

Gard. 23d LOCATION CULTURE TOWN Belair

and that in (my) (aut) opinion death accurred an the date and hour and from the causes stated

Maryland STATE

BP.____

etained by the haspital TO FUNERAL DIRECTOR.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

ydd guibu

DHMH - 16 50M 4/82 (VRA 15, 4)

njury, or other traumatic

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If them 21 is marked or them 18 shows

Lassahn Funeral Home Balto., Md. 21236

7-8-83

250 DATE REC'D. BY REGISTRAR SY REGISTRAR'S SIGNATURE

Note: A prince of the Sing the contract of the state

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	REGISTRAR				CEKTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(IANE	OR PRINT)	1AY	R.		MEEN	KS		7	20- 83	9:00Pm
3 SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	RIHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Fe	emale		White		3 MONTH	4 06	77	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8	M	9 BALTIMORE CITY		Y OF DEATH	
Ma	aryland		USA		WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	re C	ounty	MD.
10 C	TY OR TOWN OF DEA	ATH			IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPA			OF BUSINESS OR
	ddle Riv			Easter		vd. 21220	housewif	OF WORKING	home:	making
	AL RESIDENCE (IF NURS	136 COU		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS			
Ma	aryland		timore	I SKI CITT OK YOU		YES NO	11419 Ea	ster	n Blvd	. 21220
14. F.A	THER'S NAME					15. MOTHER'S MAIDEN N				
	Georg	re	MIDDLE	Canole	S	Emma	MIDDLE		Brook	S
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDI		The Hartes	
(no or unknown)	(IF YES, GIV	VE WAR OR DATES)	212-36-	9344	Kay C. Ed	wards 1141	.5 Ea	stern	Blvd. 21220
CERTIFICATION	Conditions, if any, gave rise to improve (o), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	, which nediate ng the last	DUE TO, O (c) CONDITIONS CO		NCE OF		k sinus sy	20b. IF YE		NGS USED
	210. ACCIDENT WAS UNE	_	110110 4	FINJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCU			- Lund	
WEDICAL	(IF EITHER NOTIFY MEDI		AIR		19	March 1				
EDI	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY		211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
Σ	WHILE NOT WH	RK	(AI HOME, SII	REET, FACTORY, OFFICE, F	ARM, ETC		- 1			
	22a I certify that (I) saw the decease abave, (I) (we) (a 22b. SIGNATURE	ed alive an	JUL	1 13 19	¥3 , or	nd that in (my) (aur) apinion DEGREE ATTENDING	MEDICAL STA	AFF	pur and from the	
	174 PHYSICIAN S N	AME (TOE C	OR PRINT)		V - /	22e ADDRESS	DIKECTOK PHYS	CIAN	1/	4
	J. PA	166	MEN	T. MD.		0 1 0 0 01	ilade phia	Rel.	Bult.	My 2123

BP.

TO HOSPITAL OR ATTEN

DHMH-16 30M 2/80 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or IMPORTANT: If them 21 is marked or them 18 shows any injury, or oth TO FUNERAL DIRECTOR. After this certificate has been signed

230. BURIAL CREMATION, REMOVAL Burial 236. DATE 7-22-83 23c NAME OF CEMETERY OR CREMATORY Holly Hills Cem.

23d LOCATION CITY OR TOWN

Baltimore

24 FUNERAL DIRECTOR Lassahn Funeral Home

250. DATE REC'D-BY REGISTRAR 255 REGISTRAR'S SOLAR 7401 Belair Balto., Md.

The fiver and the fiver the first terms to be the GINER THE COURT OF THE STATE OF THE COURT OF

0.	27	إنوو
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death, Perezined by the haspital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by, the funeral a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—Land 2 should be fifed within 72 month the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be hatified at once
O HOSPITAL OR ATTE	TO FUNERAL DIRECTO should be detached for with the State Dept. of	MPORTANT: If them 21
TO HOSPITAL OR ATTENDING PHYSICIAN The law requereding by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been s should be detached for use as the burial-transit permit. Thi with the State Dept. of Health and Mental Hygiene prior to	

1	- S	OR TATE EGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	ENE 3	7 7	Ś	8
		ASED NAME FIRST	MI	DDLE	· ·	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
\	THE OR	NEVITT	Ε	MEE	(S		JIII Y 31	1983		0:11 AM
3.5	SEX		RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS EAST BIRT	MON	THS DAYS	IF UNDER 24 HRS HOURS MIN.
7		ale	White	THE COUNTRY!	2-	6-1901	9 BALTIMORE CITY O	YRS.	DEATH	
5 3 10	M	HPLACE ISTATE OR FOREIGN INTRY) aryland	USA	'HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIORCED	BALTIMORE		DEATH	MD
Potified 10		or town of DEATH osssville	I. NAME OF HOUSE Prankl:	OSPITAL, NURSIN FACILITY, GIVE STREET / in Squa	GHOME C ADDRESS) .re H	ospital	IT USUAL OCCUPATE IT TO THE OF WORK FOR MOST O MILLWIS	ON	NDUSTRY Mart	ins
	STA			IVE RESIDENCE BEFORE		- La Gra	13. STREET ADDRESS 11419 Eas	tern E	Blvd.	21220
Xoumber ()	FATH	Frank	IDDLE	Meeks		IS. MOTHER'S MAIDEN NAM	MIDDLE	A	sher	
dical dical		S DECEASED EVER IN U.S. ARA		166. SOCIAL SECU		17 INFORMANT	ADDRE			21220)
E _			11	215-09-	1352	A Kay C. Ed	wards 114	15 Eas		Ave.
jury, or ather traumo	P.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D	NCE OF		inal disease or coni	DITION GIVEN	IN PART 110	
8 shows any injur	19	DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	IGS USED OF DEATH?
		OR CONTRIBUTING CAUSE OF DEA!	216. TIME OF HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR			I OR PART 2)	<u> </u>
wed or frem		MINJURY OCCURRED WHILE NOT WHILE I	21e PLACE O			214 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
IMPORTANT: If them 21 is mor	2	20. I certify that (I) (this haspit sow the deceased alive on obove, (I) (we) (did) (did not 20. SIGNATURE 21. PHYSICIAN'S NAME (TYPE OF DR. SCHWAR)	PRINTS	.19	., 0	DEGREE ATTENDING PHYSICIAN (220 ADDRESS Riverview	MEDICAL STAI DIRECTOR PHYSIC	FF CIAN []	22¢ DATE	SIGNED 1-8-3
≥ 230	Bul Bi	RIAL, CREMATION, REMOVAL CITY)	23b DATE 8-2-8	2		EMETERY OR CREMATORY Hills M. G.	23d LOCATION Baltim	ore	OUNTY Ma:	ryland
4/82		eral director NAME assahn Funer	al Hom	7401	Be.	Md. 21236	16.8 BA LEC 1883	256. RECISTRAL	R'S SIGNAT	Coming

indicated the limit Square Hospital and Large State Company DOSAGE DESCRIPTION OF STREET . at the transfer of the strength of the stren A SECURE AND DESCRIPTION OF THE PARTY OF THE

death. Page 4 may be

	FOR			
-	STATE			
	DECISTRAD			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN® CERTIFICATE OF DEATH

	1	/	/	5	- 6
REG. NO.					

		REGISTRAR			CERTITI	CAIL OF DE	AIII	REG. I	10.			
		CEASED NAME FIRST	754	MIDDLE	L	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1	William A.				Mehl, Jr.				7 28	83		M
ı	3 SEX				5. DATE OF BIRTH			6. AGE (IN YEARS LAST E		UNDERTYEAR	IF UNDER 24 HI	
ŀ	Male White				MONTH	22	1923	5:	9 YRS.	NIHS DATS	HOURS MI	N,
4	To. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)			MARRIED NEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH					
2		Maryland U.S.A.			WIDOWED DIVORCED X			Baltimore County MD.				
10 CITY OR TOWN OF DEATH			11. NAME OF	HOSPITAL, NURSING	G HOME O			126. USUAL OCCUPATION 126 KIND OF BUSINESS OR				
Dundalk				Invernes		enue		Machinist-Universal Foods				
1	USUA 130 S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)					13e STREET ADDRESS			212	22
			timore	Dundal	_		10 X	1603 Inverness Avenue				
	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S		\E				
-	Wi	illiam	A.	Mehl			erine	E.		Baue		
		AS DECEASED EVER IN U.S. AF		166 SOCIAL SECUR	RITY NO.	17 INFORMAN	T		8604 Ma	anorf	ield	Rd.
	Ye	ES. NO OR UNKNOWN) (IF YES. GO	YE WAR OR DATES)	216-14-	1144	Willi	-Balto.					
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)										TH _
	20	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) alveolor cell carelleded of lear								9	mond	Tus
	1/30											
Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF												
										1		
		underlying couse lost (c)										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II										
	o N											
-	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH C				WAS PERFOR	MED	200 AUTOPSY? 10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	TIFE	Mar. 173 5 15 copsi						YES NO	YES		NO 🗌	
		216 ACCIDENT WAS UNDERLYING 2 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P.							IURY IN ITEM TE PART	I OR PART 2}		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19							
	MEDICAL	216. INJURY OCCURRED	21e PLACE	OF INJURY	RM. ETC 1	211 LOCATION	1	CITY OR	OWN	COUNTY	STATE	1,411
	~	AT WORK NOT WHILE			1	6	10	1 1		03		
		220.1 certify that (I) (this hosp		e deceosed from	tel	-21	19.	- 10 / lary	19		hot (1) (
		sow the deceased alive an the date and hour and from the causes stated above, (1) (a) (did not) view the addy after death.										
		226 SIGNATURE DEGREE									SIGNED	
		The same of the sa	hlea-	P2	m	PI	TENDING HYSICIAN	MEDICAL ST DIRECTOR PHYS		17/2	918	3
		226 PHISICIAN'S NAME (1998 OR PRINT) 220 ADDRESS										
		72-1	N. 10	arpa	hel	1/00	Ster	- Lay The	~16	l .		
	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF CI	EMETERY OR CE	EMATORY	236 LOCATION CITY OR TOWN		COUNTY	STATE	
	Bu	ırial	7/30/		arde	ns Of	Faith	Baltimo			aryla	nd
		FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS 250 DATE REC'D. BY REGISTRAR'S SIGN PURE										
	79	22 Wise Aver	nue I		MD.	21222	AU	6 1 1983	10000	0.00		

DHMH - 16 50M 4/B2 (VRA 15, 4)

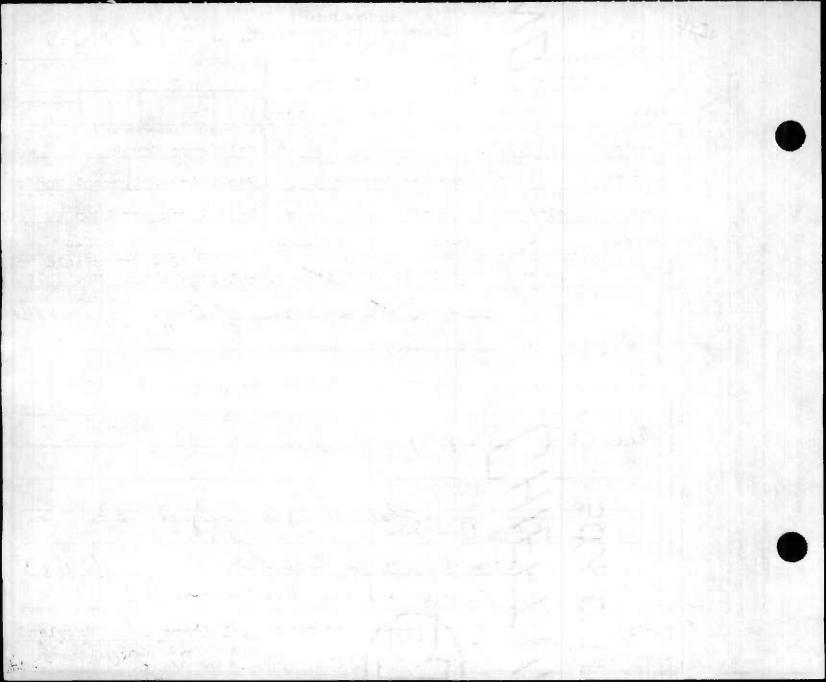
BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shov



4	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0-0	EG. NO.	7 7 6	5 0
		CEASED NAME	rdell		NOOLE		KOLITE	2a DATE OF DE	July 9	, 1983	6:30 M
	3. SE	Female	1	RACE Wh	ite	5. DATE C	30, DAY 1902 PAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
R		RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	10.	NEVER MARRIED	Baltimore Balti	more C		MD
1		Rossville	TH 1	I IF NOT IN SUC	IOSPITAL, NURSIN H FACILITY, GIVE STREET Lin Squa	ADDRESS)	ospital	12e USUAL OCC (TYPE OF WORK FOR Sa		LIFE) INDUSTRY	of BUSINESS OR Zler¹s
3		AL RESIDENCE (IF NURS STATE MD	18h COUNT	other institution. Y ford	give residence before 13r. CITY OR TOW Joppa		13d. INSIDE CITY LIMITS? YES NO 🖾		RESS Harbo	r Side	21085 Dr.
U	14. FA	James	F. "	E i se	nhower		15. MOTHER'S MAIDEN NA Harriette	M	DOLE	Case	AST
2		VAS DECEASED EVER YES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Robert Wa	ters,	ADDRESS	PA	
		PART I. DEATH W 4289 Conditions, if any, gave rise to improve the total part of the total part	Which nediate up the	DUE TO, OF	Cardio	Vas ence of ctory	cular Colla Heart Fai		enal F		XIMATE INTERVAL HONSET AND DEATH
1	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	20e AUTOPS	(? 20b. IF	YES, WERE FIND TIFYING CAUSE YES	INGS USED
1	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (FEITHER, NOTIFY MEDI 21d. INJURY OCCURI	CAUSE OF DEAT CAL EXAMINER	P., 21s. PLACE	M. MONTH DA	19	21f. LOCATION STREET	RED (ENTER NATURE		COUNTY	STATE
		27e. I certify that (I) saw the decease above, (I) (we) (c	(this hospite	a) ovended the July 9	e deceased from L 19 after death.		nd that in My) (aur) opinion DEGREE		STAFF	22c. DAT	, that (i) (we) last e causes stated

22. ADDRESS

Odd Fellows Cemetery

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Removal 24 FUNERAL DIRECTOR

Henry W. Jenkins, & Sons Co. 1905 York Road Balto, MD

23b. DATE

7/13/83

en Chircus, M.D.

PASTATE

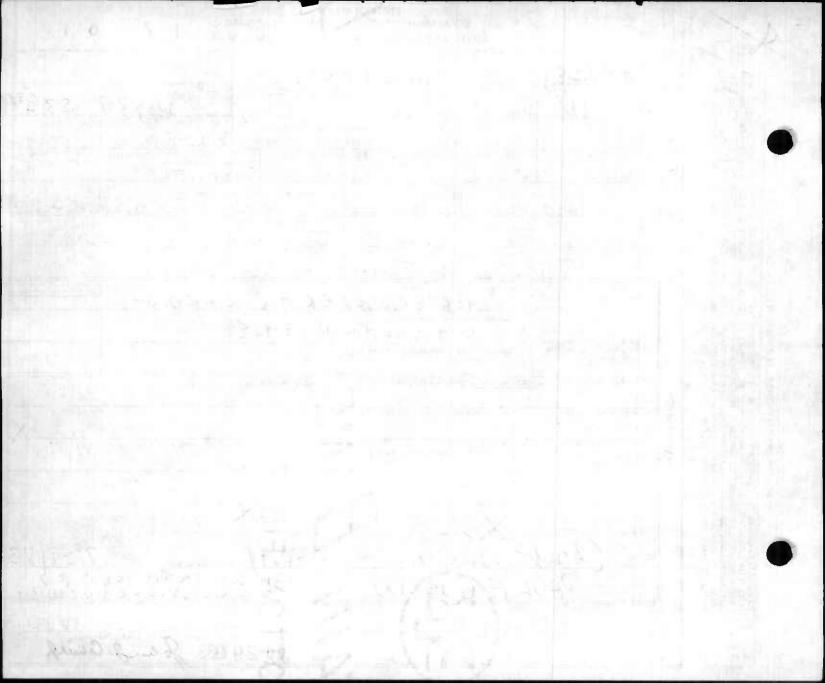
23d. LOCATION
CITY Shenandoah, COUNTY

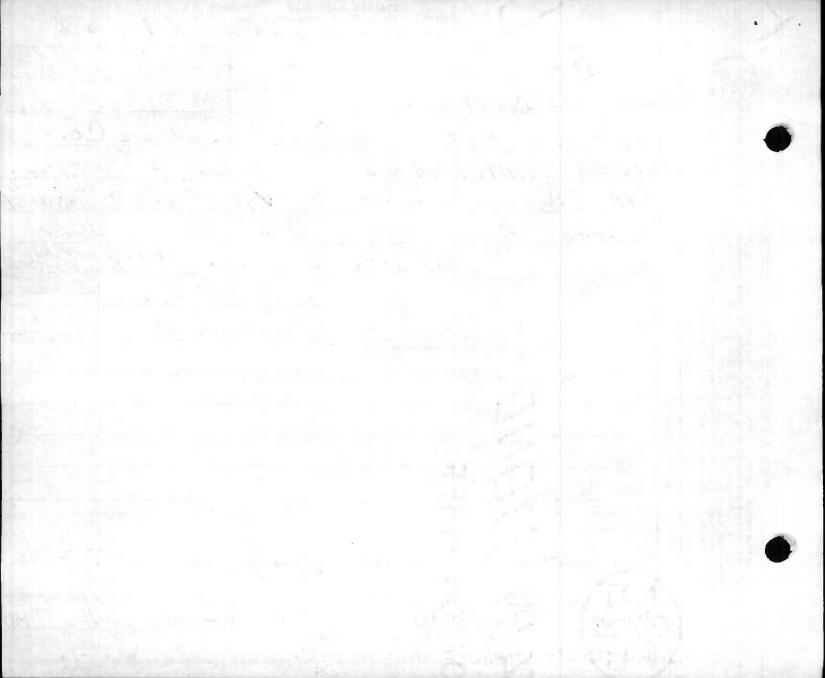
9000 Franklin Square Drive; 21237

the soft, seed when the cona claim the testing the second of the second finite of mount of the seasons of th Jacob P. Elevanovan Funciette Communication Portugual 7 18 20 Cod Fallow Vaccasion Smanlar 276, 1994 JUNES York Fold Eako., NO 21212

20M 4/B2

STATE OF MARYLAND





OR ATTENDING PHYSICIAN: The law requires that the death certificate

retained by the haspital or attending physician

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the firential dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 77 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

medical examir

any injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem-18 shows

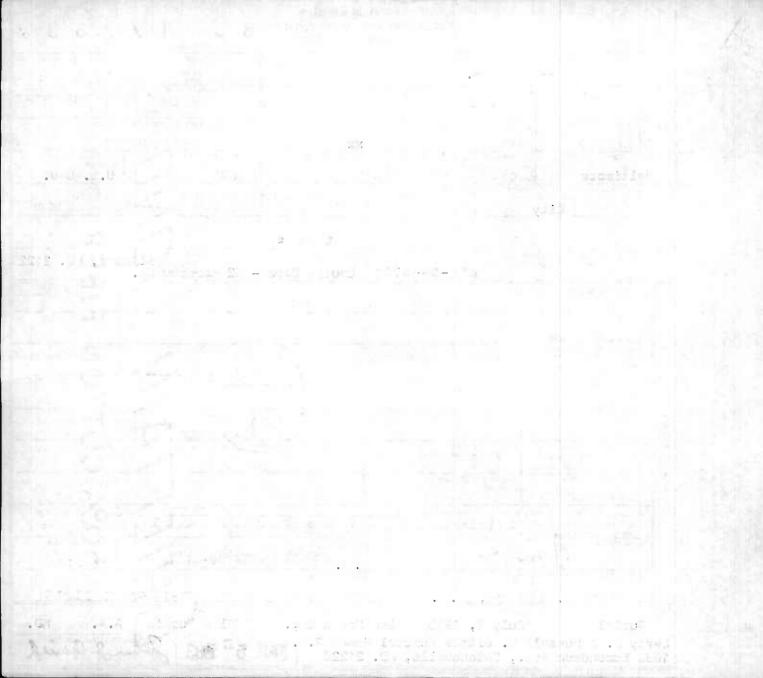
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

			- /	0	
EG. NO	0.	- 37			

	REGISTRAR						REG. N			
	CEASED NAME	FIRST	MIDDLE	l	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(I TPE		ILIE	В.	MI	LLER		JU	LY 2	198	3 10:55
SE	(4. RACE	sulppe direct Tol	5. DATE C			6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	F UNDER 24 HRS
1	FEMALE	Whi	te	0 9	13	1897	8	5 YRS.	MONTHS! DAYS	HOURS MIN.
	RTHPLACE (STATE OR FO	REIGN 76. CITIZEN OF	WHAT COUNTR	RY? 8.	D NEVER N	ARRIED []	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
	DELAWARE	USA		WIDOWE		ORCED	BALTIMOR	E COU	NTY	MD
	TY OR TOWN OF DEAT	(IF NOT IN SU	HOSPITAL, NUR CHEACILITY, GIVE STE RG LUT	REET ADDRESS)	HOME	ITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SECRETAR	OF WORKING LI	FE) INDUSTRY	
ŠŪ.	AL RESIDENCE HE NURSIN	IG HOME OF OTHER INSTITUTION			HOME		SECKETAK	1	0.3.	Gov.
1A	RYLAND	City	BALTI		- CENT	NO 🗌	909 COOK	S LAN	IE #	21229
FA	THER'S NAME FIRST MARK	ELMER	BRO	WN	15. MOTHER'S	MAIDEN NAM	MIDDLE		GOE	NNER
		U.S. ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMAL	NT	ADDR	ESS Balt	mono	MD. 2122
(ES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	218-18-	-2878	Louis	e Bird	- 32 Mardr	ew Rd.	· · · · · · · · · · · · · · · · · · ·	110. 4144
	18 CAUSE OF DEATH	(Enter anly one couse pe	r line far (a), (b),	ond (c).)						XIMATE INTERVAL
	Conditions, if any, gove rise to imme cause (a), stating underlying cause	which (b) ediote DUE TO, C	DR AS A CONSEC							
	Conditions, if any, gove rise to imme cause (a), stating underlying cause	which addition which the lost. (c) UE TO, C IFICANT CONDITIONS C	DR AS A CONSEC	QUENCE OF			200 AUTOPSY?	20b. IF YE	S, WERE FIND FYING CAUSE	INGS USED S OF DEATH?
ERIFICATION	Conditions, if any, gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI ASCVD 19a. DATE OF OPERATE	which edicte the DUE TO, C DUST. (c)	ONTRIBUTING T	QUENCE OF	N WAS PERFOR	RMED	200 AUTOPSY? YES NOXX	20b. IF YE.	S, WERE FIND FYING CAUSE ES	INGS USED
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BP_____ DHMH-16 30M 2/80 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fixer the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

FOR - STATE

ectar, page 3

Fige 4 moy be

STATE OF MARYLAND

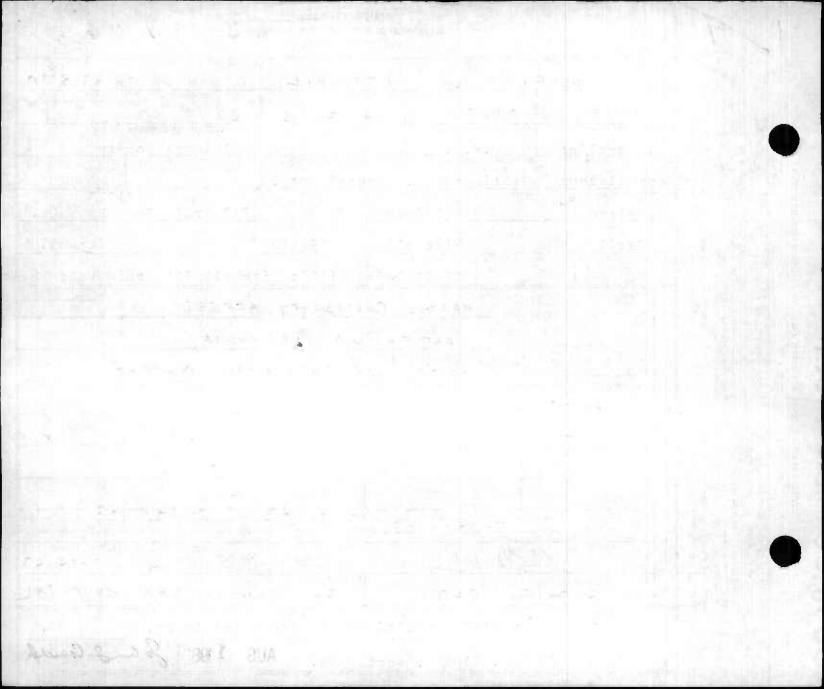
DEPARTMENT OF HEALTH AND MENTAL HYGIENE ,
CERTIFICATE OF DEATH

17164

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DHMH-16 50M 1/B1 (VRA 15, 4)

BP.



	STATE OF MAKTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYC
STATE	CERTIFICATE OF DEATH

DEPART	MENT	OF	HE/	ALTH	AND	MENTAL	HYGIEN
	CEI	RTI	FIC	ATE	OF	DEATH	0

- STATE REGISTRAR	THERMIA		CERTIFICATE	OF DEATH	0 0	NO.	7 0	2	
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(TYPE OR PRINT)	20ther		Morter	son		7-6	-83	5	P
3 SEX	4 RACE		5. DATE OF BIRTH		6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS.
Æma1e		/ hite	MONTH I	DAY YEAR	78	YRS.	ONTHS DAYS	HOURS	MIN.
TO BIRTHPLACE STATE OR FOREI	GN 76 CITIZEN	OF WHAT COUNTRY?	8		9 BALTIMORE CIT	OR COUNTY	OF DEATH		
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10 CITY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		RINSTITUTION	120 USUAL OCCUP		126 KIND O	F BUSINE	SS OR
Towson	M	SUCH FACILITY, GIVE STREET	ADDRESS)	Center	Solf-Em	T OF WORKING LIFE		ring	

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	lowson	Mul	i medicin	/ Center	Self-Employed	Catering
13	OUAL RESIDENCE (IF NURSING	G HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIONS TOWN TOWSON	YES NO B	115 Burke Av	re. Towson
14	FATHER'S NAME	weou	100	15 MOTHER'S MAIDEN NAM	AE MODUS	21009
1	Gustav		Locht	Anna		Neilsson
180	WAS DECEASED EVER IN	U.S. ARMED FORCESP IF YEL GIVE WAR OF DATES	11,21545046925 200000000000000000000000000000000000	Mrs. Sonja O	. Esslinger 14 I	Oublin Drive
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190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED
	THE RESERVE OF THE RE		YES NO	YES 🗍	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART 2	
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STA

ATTENDING PHYSICIAN STAFF PHYSICIAN

George T. Gilmore, M.D.

July 8, 1983

Lanham Bldg. Lutherville, Maryland 21093

23t. NAME OF CEMETERY OR CREMATORY Overlea Baltimore, Md. Gardesn of Faith Cem.

Ruck Towson, Funeral Home, Inc. Towson, Md. 21204

BP DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial. TO FUNERAL DIRECTOR. After this certificate has been

OR ATTENDING PHYSICIAN. The

etained by the haspital ar attending physician

MPORTANT: If Hem 21 is marked ar Hem 18 shaws

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
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24 FUNERAL DIRECTOR

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	1 -	STATE REGISTRAR AKA	Edith 1	M. Mu11	CERTIF	ICATE OF DEATH	REG. N	0.	
111 32		CEASED NAME FO		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. H
oy be	(1116		ITH	MCCURDY	M	ULLEN .		7 30	83
p b d	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY] IF U	UNDERTYEAR FUN
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nust be	13a S		HOME OR OTHER INSTITUTION	130. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 535 Parks	1 av. Av.a	nue 212
	_	ryland		Daleino	re	YES NO 1		Tey Ave	mues ZIZ
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-	16a W	AS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS	WILLE
Toges			FYES, GIVE WAR OR DATES)	217-05-		Ronald J. Mu	11en 629 Q	ueens G	ate Road
lease remove c ral, crematian, or other troums		underlying cause	hich (b) DUE TO, C	DR AS A CONSEQUI	ENCE OF				
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detoched tote Dept		226. SIGNATURE	Alles	10	A	ATTENDING PHYSICIAN	MEDICAL STA		224 DATE SIGN
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DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23b. DATE

8/3/83

230 BURIAL, CREMATION, REMOVAL

Buria1

CITY OR TOWN Loudon Park Cemetery Baltimore

23d LOCATION

4613390 N 5800 EDMONDEM AVE

23c NAME OF CEMETERY OR CREMATORY

STATE

that (I) (we) lost

2b. HOUR

12b. KIND OF BUSINESS OR

21223

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

TAST Whittle 21229

FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?

id hour and from the couses stated 224 DATE SIGNED

INDUSTRY Koppers Co.

AND TO THE STATE OF THE STATE O

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC	NO				

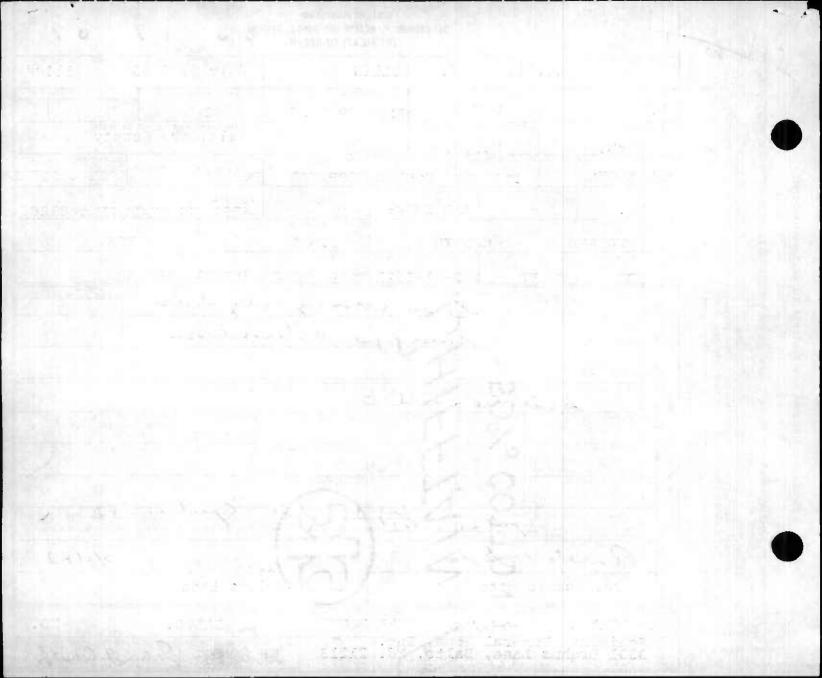
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
L DECEASED NAME FIRST W 1	lliam F.	MULLIN	July 6. 198	33 YEAR 26 HOUR 6:10P
1. SEX MALE	4. RACE WHITE	5. DATE OF BIRTH ARCH 28 1920	6 AGE (IN YEARS LAST BIRTHDAY) 63 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (Lounty MD.
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USUAL RESIDENCE (IF NURSING HOME OF THE COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 134. CITY OR TOWN BALTIMO	ORE YES X NO	4750 SHAMRO	CK AVE. 21206
EDWARD	MULLIN	15 MOTHER'S MAIDEN ETHEL	WIDDIE	YOE
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166. SOCIAL SECU		ADDRESS LIN (WIFE) SAME	ADDRESS
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27a 1 certify that (I) (this has	nat) view the bady after death.	DEGREE ATTENDIN	nian deoth occurred an the date and h	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE Dr. Romu		PHYSICIA 1220 ADDRESS	owleys Lane	7/8/83
230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATO	23d LOCATION CITE ALL TO	COUNTY MD'E.

DHMH - 16 50M 4/82

(VRA 15, 4)

CREMATION 7/8/83 GREENMOUNT 7/8/83 GREENMOUNT 3331 Brehms Lane, Balto. Md. 21213

JUL 8 1983 La Cu L Coming



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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and that in (my) (our) apinion death accurred on the date and hour and from the causes stated The distribution of the polyafter death and the polyaft		AND MANUE				TION EET LC	city on toy	cou	NTY	STATE	
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7		Warter	L. Jen	da	40	TITISICIAI	MEDICAL STAF	FF _	7/26	183	
							rive 2122	7			

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physicio injury, or other troumatic

marked or Hem 18 shows any

MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 SWilkens Ave.

23b. DATE

7/28/83

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

230 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

Baltimore

Mary land

JUL 27 1985

All the season with The Carlo and the . Full purpose the second seco TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove carban popers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removol.

with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

IMPORTANT: If hem 21 is marked at hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at on

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FOR - STATE

DEPARTMENT

STATE OF MARYLAND	Word		- 2	1	1
OF HEALTH AND MENTAL HYGENE	3	/	1	0	-
RTIFICATE OF DEATH		1.0			

	REGISTRAR								REG. NO.					
	CEASED NAME	FIRST	N	AIDDLE	LAST			20. DATE OF	DEATH MO	HTMC	DAY	YEAR	2b. HOU	
(TYPE	OR PRINT)	NNE	6	M.	Mu	RCKO			0	フ	18	83	7	A
3. SE)			1. RACE		S. DATE OF	BIRTH		6. AGE (IN YEA	RS LAST BIRTHD	AY)	IF UND	DER I YEAR	IF UNDER	24 HR5
	FEMAL)=	CAN	CACION	MONTH OT	17	72	67		YRS	MONTH	DAYS	HOURS	MIN
	RTHPLACE (STATE OR F			WHAT COUNTRY	? 8	7	ADDIED [9 BALTIMOR	E CITY OR	COUNT	Y OF D	EATH		
Rh	ode Island		USA	A	WIDOWED	NEVER M	ORCED	Bal	timor	e Co).,			٨
	TY OR TOWN OF DEA		(IF NOT IN SUCE	HOSPITAL, NURSI H FACILITY, GIVE STREE NOTE CO.	ING HOME OR	OTHER INST		12a. USUAL O (TYPE OF WORK I HOME	or most of w	ORKING L	IFE) 121	b. KIND O DUSTRY	F BUSINE	SS C
13a S	AL RESIDENCE (IF NURS STATE Md.	13b. COUN	other institution. TY imore	GIVE RESIDENCE BEFO 13t. CITY OR TOV Owings	WN 113	Id. INSIDE CI	TY LIMITS?	130. STREET A 121 W	DDRESS	bend	l Dr	. 2	111 7	
14. FA	ATHER'S NAME FIRST		Hayes	LAST	15		MAIDEN NA/ PRST nie	ΜĒ	MIDDLE H.			Kee	gan	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	038 12		Mr. Ro		. Murck	ADDRESS to 12		1110	wben	d Dr	
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

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executed

ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

TO HOSPITAL OR

FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 CERTIFICATE OF DEATH

0

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	7
I. DECEASED NAME FIRST (TYPE OR PRINT)	Ernest Ervit	MURPHY	7/2/83	DAY YEAR 26 HOUR 5. TSA M
SEX MALE	4 RACE WHITE	5. DATE OF BIRTH MONTH 11 DAY 16 YEAR 98	6 AGE (IN YEARS LAST BIRTHDAY) 84	IF UNDER 1 YEAR IF UNDER 24 HRS
O CITY OR TOWN OF DEATH		MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUN CATONSVILLE 120. USUAL OCCUPATION	TY OF DEATH Baltimore CO MC 1126 KIND OF BUSINESS OR
Catonsville, MD.	The state of the s	JURSING HOME	NONE Disab	led
MD. BAI	TO \$ / 9 \$ Baltimo	VN 134 INSIDE CITY LIMITS? YES 1 NO 1	BBRB/LANK/ANE	21214 // RIEEN/
4 FATHER'S NAME FIRST James	A Murphy	Rebecca	ME	Pilkerton
60 WAS DECEASED EVER IN U.S. A. (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 214-54-1	Mr Archie M	urphy 2601 Li	st Ave
	tal hetard	Celestic (order vio		
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH D	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM II CITY OR TOWN	8, PART I OR PART 2) COUNTY STATE
sow the deceased alive or	oital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING PHYSICIAN I	death occurred on the date and h	2193 that (I) (we) los our and from the causes stated 22c. DATE SIGNED 7-2-63
DARSHAN	OR PRINT) N. S. SALUTI	22e ADDRESS	unig Home Spi	J'Erme that
30 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY New Cathedral	23d LOCATION CITY OF TOWN Baltimore, Ma	county STATE

25a. DATE REC'D, BY REGISTRAR

14 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fi should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT. If them 21 is morked or them 18 shows any injury, or other troumatic event, the

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Sk.	. Page 4 moy be	ol director, page 3	2
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201	10 HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the busind-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 haurs after death with the State Dept of Meolth and Mental Hygiene priar to burial, cremation, or remayal.	IMPORTANT. If Item 21 is morked or Item 18 shows any injury, or ather troumatic event, the medical examines, must be nothlised ut once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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L	REGISTRAR		CERTIFICATE OF DEATH	REG. N	10	/ /
	E OR PRINT)	M.	NAYLOR	2a DATE OF DEATH	7 22	83 530 AA
3 SE	EMATE	WHITE	5. DATE OF BIRTH	6 AGE (INYEARS LAST B)	RTHDAY) IF UP	DER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
7a B1	IRTHPLACE (STATE OR FOREIGN 7) COUNTRY) MARYLAND	U.S.A.	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	1 1 1 1 1 1 1	OR COUNTY OF	DEATH
S1.	EVEN SON	1. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION BET ADDRESS. 21208	120 USUAL OCCUPATION WORK FOR MOST		NOUSTRY RETIRES
N	AL RESIDENCE (IF NURSING HOME OR O STATE MARYLAND BAK		SON 13d INSIDE CITY LIMITS?	136 STREET ADDRESS	EVENSON	1 RD 2/20
1	ERNEST	MOREL	9.1	VKNOWN	1	LAST
16a V	WAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 166 SOCIAL SEWAR OR OATES) 220 - 4		NAYLOR 7	R.D.#9	YORK PA! 7
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEG		97000		6 mos
NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN II	V PART IIO
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH?
MEDICAL CEI	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	JRRED (ENTER NATURE OF INJ	JRY IN ITEM IB PART	OR PART 2)
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFIC	E FARM ETC : 211 LOCATION STREET	CITY OR TO	OWN	COUNTY STATE
	22a I certify the (I) Ohis hospita	7/15 10	83 and that in (my) our) opinio			, the (1) ve) last from the causes stated
	obove (Miwe) (did (did not)	viewane body offer death.				
8	obove (Five) (did (did not) 27b SIGNATURE OFFE M. Loh 27d PHYSICIAN'S NAME (17PE 08E	terfeld MI	DEGREE	MEDICAL STA	FF	7/22/83

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DHMH - 16 50M 1/81 (VRA 15, 4)

DRUID RIDGE CEMETERY OF CREMATORY

MERRY LIKESVILLE BALTO CO. STATE

250. DATE REC'D. BY REGISTRAR 251 PEGISTRAR'S SIGNATURE

JUL 28 1983

A. L. L. Ganery

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Teget a etoined by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral affection should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hears this	1
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The la etoined by the hospital or attending physician.	RAL DI	with the State Dept of health and Mental hygiene prior to buriot, cremonian, or removal.
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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CERTIFICATION

President.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH MONTH DAY 26 HOUR 83 NORMA :10A В. NE LSON 5. DATE OF BIRTH IF UNDER 24 HRS A. AGE (IN YEARS LAST BIRTHDAY) 4. RACE WHITE 04 1895 88 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTY BALTIMORE U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Teacher - Education INDUSTRY GBMC-6700 ST. ADDRCHARLES ST. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION Towson Baltimore 8105 Rider Ave, 21204 NO TX YES | 15. MOTHER'S MAIDEN NAME Gill LAST Celeste Bell Margaret Moore ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT (IF YES GIVE WAR OR DATES) 216-46-2019 Mrs. Norma B. Davidson, same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MIN. 18 CAUSE OF DEATH (Enter only one couse per line for 10) by and couper PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULMONARY CONGESTION 2 HRS. DUE TO, OR POSS - MY OCARDIAL INFRACTION DAY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX NO [YES T 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY P.M. 19 211 LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 6-30

83

STAFF

220.1 certify that (1) (this hospital) attended the deceased from 1983 saw the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death 11 SIGNATURE DEGREE 22c. DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS

BYERLY.

GBMC-6701 N. CHARLES ST M.D

ATTENDING

231. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236. DATE [SPECIFY] Burial St. James Epis. Church. 7-9-83

23d LOCATION

Monkton, Maryland

1050 York Rd.

MEDICAL

STATE

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VRA 15, 4)

KENNETH D.

FOR - STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

FIRST

DECEASED NAME

FEMALE

TOWSON

Maryland

14. FATHER'S NAME

Victor

(YES, NOOR UNKNOWN)

Conditions, if ony, which gove rise to immediate couse (o), stating the

underlying couse lost

70. BIRTHPLACE (STATE OR FOREIGN

North Carolina

10 CITY OR TOWN OF DEATH

DHMH - 16 50M 4/82

FUNERAL DIRECTOR: After

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death, retained by the hospital or attending physician.

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DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and c should be detacked for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Item 21 is marked on the temperature

STATE OF MADVIAND DEPAR

STATE OF MARTEMAN	22 A	2	
RTMENT OF HEALTH AND MENTAL HY GENE 3	-	1	1
CERTIFICATE OF DEATH			

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	ENE 3	7 /	14	
		EASED NAME FIRST		MIDDLE	(AST	20. DATE OF DEATH		EAR 2b HOL	UR
	111720	on exist)	Marcell:	a B. Mae	NET	HKIN	July 19,	1983	4:3	30 PM
	3. SEX	emale	4 RACE White		April	DF BIRTH 11 18^1917*^*	6 AGE (IN YEARS LAST BI		DATS HOURS	R 24 HRS
3	70 BIR	THPLACE ESTATE ON FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOWE	DXX X SEVER MARRIED DIVORCED DIVORCED	Baltimore city of		тн	MD
1		y OR TOWN OF DEATH DSSVille 21237		HOSPITAL, NURSIN THE FACILITY GIVE STREET, IN Sq. Ho		DR OTHER INSTITUTION	120 USUAL OCCUPAT (type of work for most of Homemaker	ION 12b K	IND OF BUSIN	ESSOR
	13a ST		other institution NTY timore	GIVE RESIDENCE BEFORE 130 CITY OR TOW ESSEX 21		13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS.	lltop Rd.	212	21
1	14. FAT	HER'S NAME Luther Myrtle	MIDDLE	(AST		15 MOTHER'S MAIDEN NAM		Greaver	LAST	
			MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDR	200	0.	
		No -	-	215 42 7	674	Carlton G. N	ethkin, Sr		Same	
		RECAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Government of the part of the	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO C	NCE OF IC CE	ry arrest rvical carcino NOT RELATED TO THE TERMI				
/	CERTIFICATION	VI DATE OF OPERATION	198. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE F IN CERTIFYING CA YES [USES OF DEA	TH?
		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.	DF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF IN)U	JRY IN ITEM 18 PART I OR PA	RT 2)	
	ME	WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUN	пу	STATE
		220.1 certify that X (this hospi saw the deceosed alive an above, (1) (we) (did) (did in			July 83 - •	11 , 19 83 and that in (mle four) opinion d		9 . 19_8; late and hour and from	that ()() m the couses st	we) lost oted
		226 SIGNATURE	gull	b, m	4.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	7/17/8	33
		8 Jagie	110, MD			22e ADDRESS 9000 Franklin	Square Dr	., 21237	1	
	(56	Prial, cremation, removal Burial	7/22/	83 Gar	dens	of Faith Ceme	tery Balt	imore Co.,	Md.	STATE
4	0.01	rzdzinski Furer	al Home	PV 1407	Old I	Sastern Ave JE	121 1983	25h REGISTRAR'S SIE	L Cane	4

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DECEASED NAME TYPE OR PRINTS 3. SEX WE ROSSVILLE 13a STATE MARYLAND

FOR - STATE REGISTRAR

FIRST

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

	REG. NO.	4		/	/ :	2
	July 21,		83	YEAR	2b HOL	
	& AGE (IN YEARS LAST BIRTHDAY)	I	IF UND	ER I YEAR	IF UNDER	24 HRS
5	77 YE	RS	MONIH	DAYS	HOURS	MIN.
	9 BALTIMORE CITY OF COLL	NTY	OFD	FATH		

12b. KIND OF BUSINESS OR

FEMALE	WHITE	11	20	1905	77	YRS	100
RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED [NEVERA	AARRIED 🗆	9 BALTIMORE CITY OR CO		
ST VIRGINIA	U.S.A.	WIDOWED	Dr	VORCED [Baltimore (Joun (.y
TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OT	HER INST	ITUTION	120 USUAL OCCUPATION		Ti

215.22.4002

NEWELL

5. DATE OF BIRTH

Stella.

INDUSTRY (F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FRANKLIN SOUARE HOSPITAL CLOTHING MFGR. INSPECTOR 13L COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS?

IONA M. SCRIPPENS (same as 13e)

BALTIMORE 5123 FAIT AVE. 21224 YES X NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST ROBERT LEE HAGER ELIZA NICHOLS JANE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO.

18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c) 1D BY: Cardiorespiratory arrest TE CAUSE (a).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
4100 Conditions, if any, which	DUE TO, OR ACONSEQUENCE OF Heart Failure	
gove rise to immediate couse (a), stating the underlying couse last	Due to, OR AE A CONSEQUENCE OF Myocardial infarction	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

			YES 🗀	KON	IN CERTIFYING CAUSE:	S OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR				
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	wn COUNTY	STATE

270.1 certify that (this hospital) attended the deceased from JUTY 14 , 19 83 , to JUTY 21 , 19 83 , that (we) lost sow the deceased alive on 111 V 21 obove, At (we) (did) (did not) view the body after death and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN mo

22e ADDRESS Joseph P. Narins, MD

9000 Franklin Square Dr., 21237

(SPECIFY)	230 0415	THE THE OF CEMETER OR CREMATOR	CITY OR TOWN	COUNTY	ST
BURIAL	7/25/83	GLEN HAVEN CEMETERY	GLEN BURNIE		MD
24 FLINEDAL DIRECTOR		250 DATE	PEC'D BY PECISTPAPING	ISTRAP'S SACMATURE	100

DHMH - 16 50M 4/B2 (VRA 15, 4)

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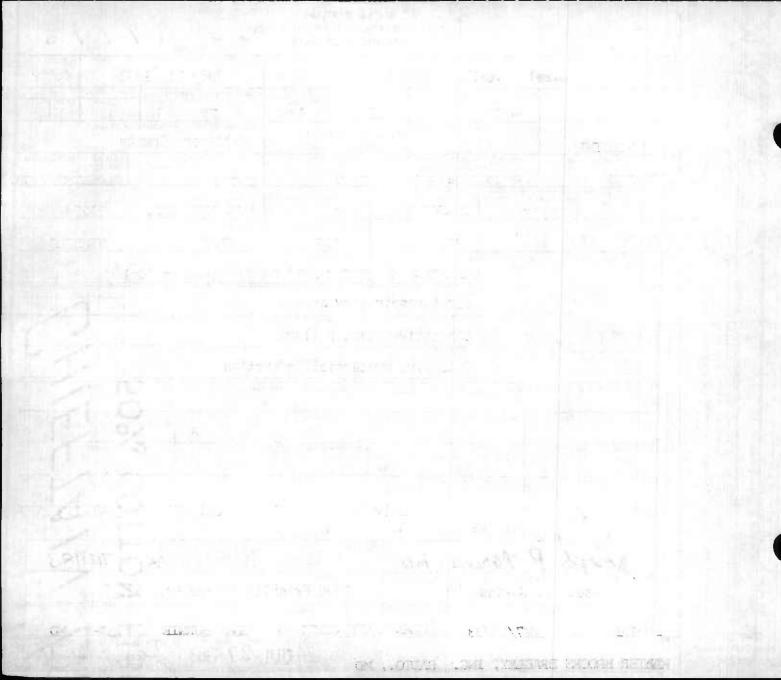
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MEDICAL

ADDRESS WALTER BROOKS BRADLEY. INC

BALTO

John & Court



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician

within 24 hours after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGISHE

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	/	1	6

	- STATE REGISTRAR	CERTIFICATE OF DEATH						
	DECEASED NAME FIRST MIDDLE TYPE OR PRINT) CHARLES R	NICODEMUS	20. DATE OF DEATH MONTH D	- \$2 1126				
	SEX RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER AHR				
	MALE WHITE B. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTR	1 23 1902	9 / YRS.					
35	MARYLAND W.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	COUNTY.				
	RANDALL STOWN BALTO CO.	SING HOME OR OTHER INSTITUTION RET ADDRESS) FENERAL HOS PITAL	120 USUAL OCCUPATION (TYPETA MORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OF INDUSTRY AUTO, MEC				
35	ISUAL RESIDENCE (IF NURSING HORE OF OTHER INSTITUTION GIVE RESIDENCE BEF 30. STATE BALTO PKESV	138. INSIDE CITY LIMITS?	1/2 BRIGHTS	SIDE AVE 21				
30	CLINTON C. NICODEN	15. MOTHER'S MAIDEN NA SARA!	WIDDIE	ENOCH				
16	(VES, NO OR UNKNOWN) (IF YES, GIVE WAR OF DATES) 216-05	CURITY NO. 17 INFORMANT	4 R. NICODEMUS	(SAME)				
ory, or orner repure		DUENCE OF MYCOASDIAL ODEATH BUT NOT RELATED TO THE TERM	INTERCTION INAL DISEASE OR CONDITION GIVE REFUONDE OF	N IN PART 110				
9	Dia Control of the Co	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?				
100	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. NJURY OCCURRED 216. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE)	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PA					
	WHILE NOT WHILE AT WORK (AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE				
	220. I certify that (I) (this hospital) attended the deceased from							
	276. SIGNATURE	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED				
J	ORGANDO B-CONTANTAL	MD. BCGH-R	MANDAUS TOWN	and 21132				
23		NAME OF CEMETERY OR CREMATORY	23d LOCATION	crown a sear				

DHMH - 16 50M 4/82

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(VRA 15, 4)

3 LINGANORE METH CH CEM, UNIONVILLE
21208 250 DATE REC'D BY REGISTRAN 2

REISTERSTOWN RD JUL 2 5 1983

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

nerol director, page 3 n 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

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L	- STATE REGISTRAR		CERTIFICATE OF DEATH						
1. DE	PE OR PRINT)	ELLI:	5 Sturman	No	LLEY-TR	20 DATE OF DEATH	7- 20.	YEAR	2b. HOUR
3 SE	Male	4	White	5 DATE OF BIR	TH 1915	6 AGE LINYEARS LAST BE	RTHDAY) IF UN MONTH	DER I YEAR	IF UNDER 74 HOURS M
L	COUNTRY)	J.	U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BA 141	more	COL	nty
PA	RANDALIS	town!	NAME OF HOSPITAL, NURSIN (IS NOT IN SUCH FACILITY, GIVE STREET BALTA. COUL	ADDRESS)	a	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE! IN	NOUSTRY	F BUSINESS
130.	STATE MAL.	13b COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE 134 CITY OR TOW 54 KEST	ille YES	INSIDE CITY LIMITS?	130 STREET ADDRESS	andvia	21	Ave !
	Ellis	5. MID	Nolley	Sp.	AOTHER'S MAIDEN NA	WIDDLE	PAX	LAS	t
2 100	WAS DECEASED EVI (YES NO OR UNKNOWN)		D FORCES? 166 SOCIAL SECU	224	ARAL NO	lley Sy	Kesvil	le.	M.J.
CAL CERTIFICATION	Conditions, if or gove rise to i couse to, sto underlying cou	mmediate ting the use lost	DUE TO, OR AS A CONSEQUE (b) TO Q DUE TO, OR AS A CONSEQUE	ence of ch	MJEL Malle).	in Car	diac		
	190. DATE OF OPER		196. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDIN	IGS USED
	210. ACCIDENT WAS LOOK CONTRIBUTING (CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 10	OR PART ?)	
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	sow the dece	osed olive on	ottended the deceosed from 19			deoth occurred on the d	ote and hour and	from the	
4		M. Sho	24 W. 1)	DEGR	ATTENDING PHYSICIAN	MEDICAL STA	FF	7/2	SIGNED 0142
22.	^	R. M.	SHAM.	0	LO crust	1217, RAN	MAUST	NN	mi
L	BURIAL, CREMATION (50 FY) UNERAL DIRECTOR	N, REMOVAL	7-23-83 A	Maine of CEMET	FRY OR CREMATORY	123d LOCATION	COL	min S	nd:
24 F	NAME 11	u W the	address ADDRESS	Suborn	111	2 5 1983	6 and	Can	il.

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

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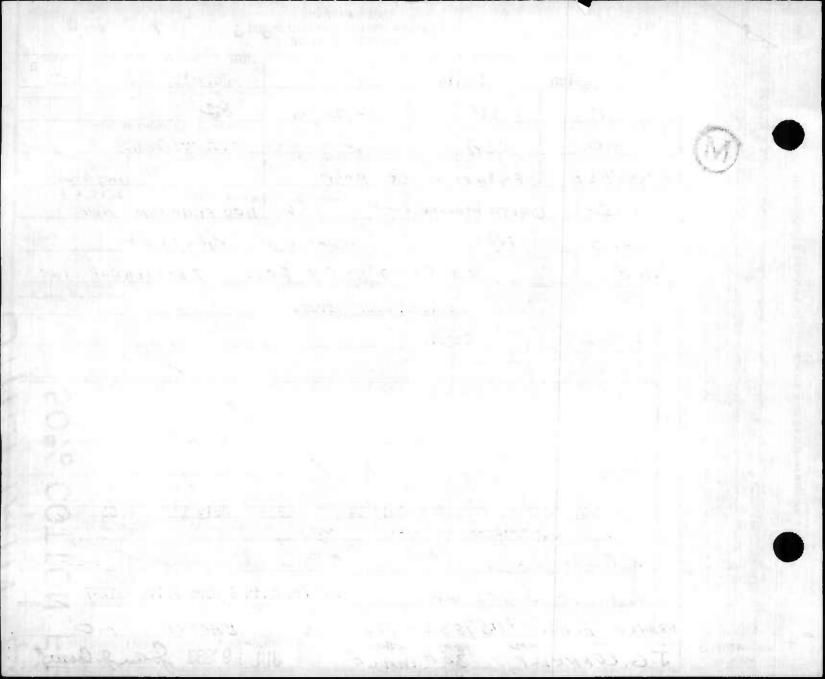
executed within 24 hours after death. Page TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages Aand 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1-	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	0	REG. NO	7	1	8
	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DE				26 HOUR a
3. SEX	Helen	Idella Idella	15. DATE O	HARE	6. AGE (IN YEAR	y 12	,	UNDER 1 YEAR	5:15
3. SEA	F	W	MONT		82	-	YRS.	NTHS DATS	HOURS MIN
70. BIF	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	Balti		Count		м
1/0	OSSVILLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET FRANKLIN		HOSP.	12a. USUAL OC (TYPE OF WORK FO			12b. KIND CINDUSTRY	OF BUSINESS OF
USUA 130 S	AL RESIDENCE (IF NURSING HOME OR ITALE 13b. COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO PROPERTY NAIDEN N	A .	RAA		AVI	21
	VAS DECEASED EVER IN U.S. AR		JRITY NO.	17 INFORMANT	N DI	ADDRES	S		
	YES NO OR UNKNOWN) (IF YES, GIV	2 18 30 C	7517	KEITH F	015	7 6	UTTEL	CUP	LIV
CERTIFICATION	PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH	<u>DEATH</u> BUT		200 AUTOPS	Y?	20b. IF YES,	WERE FINDI	NGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA		21c. HOW INJURY OCCU		E OF INJURY	YES	Second .	NO 🗌
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE F	FARM ETC)	21f. LOCATION STREET	C	ITY OR TOW	N	COUNTY	STATE
	220.1 certify that & this hospi	ital) attended the deceased from		nd that in bear (our) opinio	n death accurred a		te and hour c		that W(we) la
	226. SIGNATURE Lesle 4 / 2 22d PHYSICIAN'S NAME LITTER	3ams		DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICI			12-83
	Lester It.	Banks mo		9000 Fran			rive	21237	
RE	BURIAL, CREMATION, REMOVAL ESPECIFY) MOVAL BURIAL	23b. DATE 7/45/93 LA	JURE	EMETERY OR CREMATORY	BAI	RTO		COUNTY	STATE
J FL	UNERAL DIRECTOR CONNEL	47 300 ADDRESS	MAC		JUL 1919	83	John	R'S SIGNA	TURE Sheel

DHMH - 16 50M 4/82 (VRA 15, 4)

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deoth. Page 4 may be

anding physician and completely filled in by the funeral director carban papers. Pages 1 and 2 should be filled within 72 hours offer

STATE OF MARYLAND

1	-7	2	-7	9
1	7	/		1

1	STATE REGISTRAR			DEPARTM		ICATE OF	DEATH	STENE O	REG. NO		1		7	
	CEASED NAME	FIRST		MIDDLE	L	AST .		20. DATE	OF DEATH W	ONTH	DAY Y	EAR 2	b HOU	R
TYPE	OR PRINT)	Margare	et	P.	Oh	1er				7 1	2 8	33	5:3	15 P
3. SEX	(4.1	RACE		5. DATE C			6. AGE	IN YEARS LAST BIRTH	OAY	IF UNDER I		FUNDER	
	female.	5 1 1		White	9°NIH	27	YE O'O		82	YRS	MONTHS	DAYS	TOURS	WIN
	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	B.	D NEVER	MARRIED -	9 BALTIA	AORE CITY OR	COUNT	OF DEA	TH		
	aryland		U.S	.A.	WIDOWE	_	ONORCED [Ba	altimore	e Cou	inty			MD.
	Catonsville 11. NAME OF HOSPITA (F. NOT IN SUCH FACILITY FOREST HE								AL OCCUPATION OF PORT OF THE NAME OF THE N		12b. KI INDU:	IND OF I	BUS INE	SSOR
13a. S	AL RESIDENCE (IF NUR TATE ryland	13b COUNTY Balti		GIVE RESIDENCE BEFORE 13: CITY OR TOW Arbutus		13d. INSIDE YES	CITY LIMITS?		Sulphus	r Spr	ing	Road	1 2	1227
14. FA	THER'S NAME	MID	DIE	LAST			S'S MAIDEN NA	AME	MIDDLE			LAST		
	John			Eyler		1	lary					Hart	dag	er
16a V	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17 INFORM	ANT		ADDRES	S				
	VES, NO OR UNKNOWN)	(11 123, 0112 11	AR ON DATES	220-22-1	.120	Ivan	Ohler	2100	Sulphu:	r Spr	ing	Road	21	227
NO	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Couse (o), storing the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA						D TO THE TER/		profe 1		VEN IN PA		e je	<u>dr</u>
CERTIFICATION	190. DATE OF OPERA	TION	196 COND	-(- 0 /	R WHICH OPERATION WAS PERFORMED			200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO			H?			
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased of the organization of the organization of the deceased of the organization of the organization of the deceased of the organization of						ION 19 Jour) opinion ATTENDING PHYSICIAN	O , to	CITY OR TOW	e and have	COUN 19ur and Iron	3 the	uses sto	we) lost
	224 PHYSICIAN'S NAME (TYPE OR PRINT) Dr. H. Bob					7220 Park Heights Avenue								

BP. DHMH - 16 50M 4/B2

(VRA 15, 4)

should be detached for use as the burial-transit permit. Then please re with the State Dept. of Health and Mental Hygiene prior to burial, cren FUNERAL DIRECTOR: After this certificate has been signed by

retained by the haspital or attending physician

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

230. BURIAL, CREMATION, REMOVAL

Burial

7/15/83

Meadowridge Mem. Pk.

230 NAME OF CEMETERY OR CREMATORY

Elkridge

Howard Mary Tand

21229

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STATE OF MADYLAND

JIAIL OF MARILAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3	
CERTIFICATE OF DEATH	_	

1.	FOR - STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7 / 8 0
(TYP)	CEASED NAME FIRST CHARLES	S. OT	ITO, JR.	JULY)	783 8:30 M.
I SE	IALS (WHITE	DATE OF BIRTH MONTH DAY MARCH 8 1907	6 AGE (INYEARS LAST BIRTHDA) YRS 9 BALTIMORE CITY OR COUNT	FUNDER LYEAR IF UNDER 24 HRS
U	ARYLAND ITY OR TOWN OF DEATH			BALTIMORS 120 USUAL OCCUPATION (LUPE OF WORK FOR MOST OF WORKING)	COUNTY MD.
USU, 130 S	ARRYLAND BALT	HER INSTITUTION GIVE RESIDENCE BEFORE AD.	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 35 Map & C.	21236 JURT APT.D
16a V	HARLES S. MID	DE OTTO SR.	15 MOTHER'S MAIDEN NAME FIRST STATE OF THE S	ME MIDDLE ADDRESS	MCCAULSY
T,	YES, NO OR UNKNOWN) (IF YES GIVE W	one couse per line for (a), (b), and (c	361 FAMILY	RECORDS	APPROXIMATE INTERVAL BETWIEN ONSER AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.		drofthmia C	beat fail Colorisation of I	caclio lasc Disease
RTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	PERATION WAS PERFORMED	IN CERT	S, WERE EMOINGS USED IFYING CAUSES OF DEATH? NO
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALLEY OF DEATH (FE EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE WHILE AT WORK AT WORK AT WORK	216 TIME OF INJURY HOUR A.M. MOT DAY 216 PLACE OF INJURY LATHOME, STREET, FACTORY, C	19 21f LOCATION	ENTER NATURE OF INJURY IN ITEM IB	PART OR PART 2) COUNTY STATE
	27a I certify that (I) (this hospital) sow the deceosing give on above, (I) (ac) (27b) 27b SIGNATURE	at least the decreased from E	19 and that in (my) (out) opinion of DEGREE ATTENDING PHYSICIAN	depth occilian the date and ho	, that (h) To clast ur and from the couses stated 22c. DATE SIGNED
	FRANK T. KA	sik, JR.	9005 HA	RFORD ROAD	PARKVILLE
B	SPECIFY) -	JULY 11, 1983 PAR	ME OF CEMETERY OR CREMATORY KWOOD LEM. 1250 DATE	PARKVILLE BEREC'D. BY REGISTRAR ZIN JUSIS	SALTO. MARYLAND TRAR'S SIGNATURE
3	VANS FUNERAL O	CHAPEL 8800 H	ARFORD RO. JU	JL 1 4 1983	ing Caniel

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DHMH - 16 50M 1/B1 (VRA 15, 4)

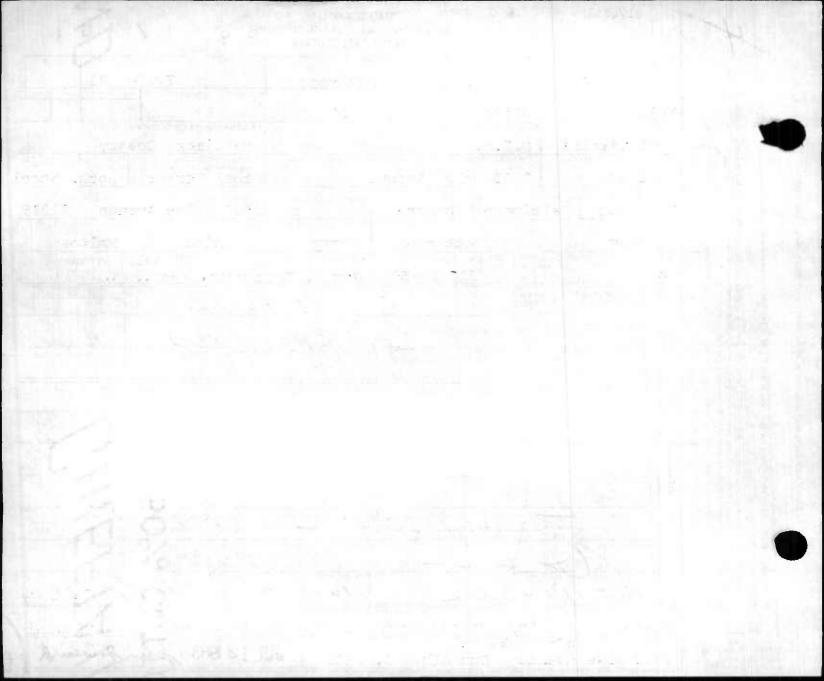
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 min, the State Dept. of Health and Mental Hygiene prior to buriol, crematian, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

Seeing . To the must be the Climber. 4- Charles Congress water of the Concentrate Continue another and articles of the ALL TAKES OF THE STATE OF THE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death retained by the hospital or attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the furnity should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be succeeded to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	10
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examines must	ě,
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, _		#17,Film	G581	7/25/83	kam	STAT	E OF MARYLAND						
14	1-	FOR STATE REGISTRAR			DEPAR		ICATE OF DEATH		병 3 REG. 1	1 7	1	8 1	
m.5		CEASED NAME	FIRST	A	MIDDLE		.A51	2	a DATE OF DEATH	HINOM	DAY YEAR	2b. HO	ÜR
y be ge 3 deost			oab		W.	Pa	atterson			7 1	.0 8:		M
Her o	3. SE			4 RACE		5 DATE (DAY YEA	AR -	AGE (IN YEARS LAST B	RTHDAY	MONTHS DA		R 24 HRS
- 86 P		le		White		4	18 18	94	89	YRS.			
1380	West Virginia			WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIE	D 🗆 '	BALTIMORE CITY					
			U.S.A		WIDOWE	The state of the s		Baltimo			OF BUSIN	MD.	
s offer	Βö	gemere		2505	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2505 Welsh Avenue			1	Type of work for most Steel Wo	OF WORKING LI	FE) INDUST		
filled in the hour	13a S Ma	it residence (if Nurs tate ryland	136 COUN	ITY	GIVE RESIDENCE BEF	NWC	13d. INSIDE CITY LIMI		36 STREET ADDRESS 2505 Wel		renue	2]	1219
mpletely and 2 sh	2	THER'S NAME		MIDDLE	Patter	son	15. MOTHER'S MAIDE Mary	ENNAME	Rice		Wa:	lton	
d co		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADD	SESS We:	lsh Av	enue	1
Page ex	No		(IF YES, GIV	E WAR OR DATES!	216-10	0-5015	Joe W.	Patt	erson.	Balto.	Md.	21219	
hat the death certificate by the attending physici ase remove carbanpaper I, cremotian, or removal. ather traumatic event, the	ION	PART I. DEATH W 4292 Conditions, if ony gove rise to im- couse (a), statin underlying cause	/AS CAUSE IMMEDIAT , which mediate ng the	D BY: E CAUSE (o) DUE TO, OI	R AS A CONSEC	OUENCE OF	ry. At	Zu.	asc. D	cs	BETWE	oxmare internouser and	D DEATH
requires to signed. Then ple out to burial injury, or							NOT RELATED TO THE	IE TERMIN					
he law an. has bee t permit tene pric	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTI	S, WERE FIN FYING CAUS ES []	DINGS USE SES OF DEA NO	ATH?
CIAN: T g physici errificate ol-fransi ntal Hygi em 18 sh	R	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	ZIC HOW INJURY O	OCCURRE	(ENTER NATURE OF IN	BURY IN ITEM 18	PART OR PART	2}	
G PHYSI of this certification of the burning and Merked or the burning week of the burning week of the burning was a second week of the burning was a second week of the burning was a second week of the burning was a second week of the burning was a second week of the burning was a second wa	MEDICAL	21d INJURY OCCUR	RED	21e PLACE		200	211 LOCATION STREET		CITY OR I	OWN	COUNTY		STATE
spital or of CTOR: After use as of Health		22a.1 certify that (1) saw the decease	27a. I certify that (I) (this hospital) attended the disposal from 1977, 10 1985 that (I) (we) lost saw the deceased along on the date and hour and from the causes stated above.								tated		
TAL OR by the hoo by the hoo detached detached for Mare Dept		77% SIGNATURE	13	an	in		ATTEND PHYSIC 276 ADDRESS	ING	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c D4	ATE SIGNED	·
ro Hospitat etained by the TO Funeral should be det with the State		R. G.	WI	NOS			1012	10	off t	d.	Sal	F21.	224
		SURIAL, CREMATION,	REMOVAL				COMP COMP		23d LOCATION CITY OR TOWN		COUNTY	774	STATE
BP	24 F	urial	Duda-	7/12/	TDG	precu	ern Ceme	So DATE	Free U		TRAR'S SIGN	Virg	inia
DHMH - 16 50M 4/B2 (VRA 15, 4)	7	DINERAL DIRECTOR DISE	Aver	nue I	Dundalk	s, MD.	21222	JUI	12 1983	John	md	Come	4



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL H

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		REG. N	10.	1	1		- 177

1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	1110	4
	CEASED NAME FOR PRINT)	ildred		AIDDLE	PE	NNOCK	7/12/8	/	12/83	1:10 M
3 SE	Х	4	. RACE		5. DATE O		6 AGE (IN YEAR	S LAST BIRTHDAY	MUNTHS DAYS	IF UNDER 24 HRS
1	FEMALE		WHITE	3	MONTH CO	02 1918		65 YRS		MIN.
7a B	IRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE	CITY OR COUN		
	ENNSYLVAN	IA	USA		WIDOWE	D DIVORCED	Baltin	more Cou	ntv	MD.
10 C	ITY OR TOWN OF DE	ATH 1		OSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING		F BUSINESS OR
400	ROSSVILLE		FRANK	LIN SQUA	RE F	OSPITAL	HOUSE		HOM	a
	AL RESIDENCE (IF NUR STATE	SING HOME OF C	THER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET AD	DRESS	2	1277
M	ID	BALT	IMORE	ROSEDA		YES NO		BURNETE	LD RD.	
14. F	ATHER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NA		MIDDLE	LAS	9
P	AUL		an an	FEDDOO	CK .	MARY		NIDDLE .		SHNOK
16n \	WAS DECEASED EVER			166 SOCIAL SECU		17. INFORMANT		ADDRESS		
	YES, NO OR UNKNOWN)	WW I	WAR OR DATES)	1951859	283	MICHAEL PEN	NNOCK	3/35 D	IIDMETEI	D BD
=	IS CAUSE OF DEA		*			1.12 0.111222 2 22	1110011	1615 B	Talal de Val	MATE INTERVAL
	PART I. DEATH V	VAS CAUSED	BY:	Cerebral						
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	×800			AS A CONSEQUE			Tarana Da		100	
	Conditions, if any		(b)	sacterial	Went	ngitis, Right	Time bi	(Shiroung)		
115	couse (a), state underlying cous		1	R AS A CONSEQUE						
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z	PART 2 OTHER SIG		Section 1			NOT RELATED TO THE TERM				5
110	Ethanol A					Pulmonary Dis	ease, Ma	Inutrit	ION (ES, WERE FINDIN	ICE HEED
CERTIFICATION	198 DATE OF OPERA	ATION	148 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CER	TIFYING CAUSES	OF DEATH?
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	216 ACCIDENT WAS UP OR CONTRIBUTING	ACTION AND DESCRIPTION AND DES	HOUR A	M MONTH DA	Y YEAR	THE HOW INJURY OCCUR	RED TENTR NATUR	E DE OVERA AN UEM IS	E FEBT 1 OKTOBE 21	
S S	DE BRIMER, NIGHT MED		p.	M.	19					
MEDICAL	214 INJURY OCCUP	RED	TIE PLACE	OF INJURY	NEW PER A	711 LOCATION		CITY CRETOWN	COUNTY	STATE
2	AT WIDER AT MICE	Out Da	A POST AND	ALTO PROJECT CATALOG S				an within a see		
	72s.1 certify that	John hopping	attended the	e deceased from	7/0	10 83	10 7/	12	19 0.3	that (we) last
16	siyw the decep abave, A (we)	and of op	711	2 19 2	13	id that in (m) (aur) opinion	death accurred a	in the date and h	our and from the	couses (foted
100	22h SIGNATURE	Old Sales All	view the body	The dealer	1//11/	DEGREE			th DATE	SIGNED
	1	mine	woll	Doll	0-	ATTENDING .	MEDICAL	STAFF PHITSICIAN X	11/	12/83
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)					PHYSICIAN [- DIMECTOR E	PHISICIANS	1/	7
	Lawrence			M.D.		9000 Frankl	in Squar	re Dr. B	alto. MD	21237
23a	BURIAL, GREMATION		123b. DATE		NAME OF C	EMETERY OR CERTAGRY	23d LOCATIO	ON		
	(SPECIFY) BURTAL		7/2	Z /00 TT/			SPANG		AMBRIA	STATE
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DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely little should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shawilt with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed withins retained by the hospital or attending physician.

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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EC	NO					

	REGISTRAR							REG. NO.			
	CEASED NAME	FIRST		WIDDLE	LA	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOL	JR
1	ON PRINTIN	Louis		A	Pen	pler		July 31, 1983			M
3. SEX	(4. RACE	Telegraph Inc.	S. DATE O			6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE		R 24 HRS
-	ale		White		Augu	st 6, 1	906	76 YR	S	HOURS	MIN.
7a BI	RTHPLACE (STATE	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	AA A DDIE	NEVER M	APPIED T	9 BALTIMORE CITY OR COUN	ITY OF DEATH		
	aryland		USA	L authorit	WIDOWE		ORCED [Baltimore Cou	untu	11.5	MD.
10 CI	TY OR TOWN O	FDEATH		HOSPITAL, NURSING		R OTHER INSTI	TUTION	120. USUAL OCCUPATION		OF BUSIN	ESS OR
	chearn		3616	Oak Avenu	e			Accountant - Se			
	AL RESIDENCE (F	F NURSING HOME		GIVE RESIDENCE BEFORE		13d. INSIDE CI	Y LIMITS?	13e. STREET ADDRESS			
	aryland	Bal	timore	Lochear	n		NO [2]	3616 Oak Aver	nue 21	207	
14 FA	THER'S NAME		WIDDIE	LAST		15. MOTHER'S	MAIDEN NAM	AE MIDDLE		LAST	
	Charle	28		Pepple	n	Ma	rgaret		Foutz		
	AS DECEASED	EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMAN	Balt:	imore, ADDRESS A	MD 212	207	
	res no or unknow	N) (# YES, 0	GIVE WAR OR DATES)	216-01-0	778A	Mrs. E		Peppler 3616 (
	18 CAUSE OF D	EATH (Enter	only one cause per	lyne for (a), (b), and	ficial -	10 7	01	4	BETWEE	OXIMATE INTE	RVAL D DEATH
	PART I. DEA	TH WAS CAU	SED BY: ATE CAUSE (a)	ASHOE A	eque	Col. U	suffic	elicy	101	m.	
	414			R AS A CONSEQUE	NCE OF		UV		1		
	Conditions, if	ony which	(, s)	K AS A CONSEQUE	NCE OF						
	gove rise to	immediate) (6)_					****			
		cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF				100		
	PART 2 OTHER	SIGNIFICAN	(c)	MITRIBUTING TO D	EARH BILT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART	lia	
NO	I AKI Z OTTIEK	310111111111111111111111111111111111111	/	extur	te h	are.	tweet	Faucy	18	grs.	
CAT	190 DATE OF OF	PERATION	1%. COND	ITION FOR WHICH	OPERATION	WAS PERFOR	MED VI		YES, WERE FINE		
CERTIFICATION								YES NO NO	YES [NO [
CER	210. ACCIDENT WA		21b. TIME C	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2		
AL	OR CONTRIBUTING		KAIN	M.	19						
MEDICAL	21d. INJURY OC		210. PLACE	OF INJURY	100	21f LOCATIO	N		COUNTY	- 17	STATE
×	WHILE N	OT WHILE AT WORK	I AT HOME, ST	REET, FACTORY, OFFICE, FA	RM ETC)	STREET		Ama lown	COUNTY		SIAIE
			pital) attended th	a deceased from	00	2.3	1066	1/461 31	10 53	, that (l) ((subblace
	sow therde	ceased alive	on These	19 5	33 00	d that in (mv) (oor) opinion d	feath occurred on the date and	hour and from th		
	27h SIGNAMER	entiden (id	nat) view the body	after death		DEGREE				YE SIGNED	
	The short pro	A	1 Da	kall.	1/	A A	TENDING _	MEDICAL STAFF	A.	~ / H	983
	and BUVERCIAN	<u>auu</u>	t nou	E AL	w	220. ADDRESS	HYSICIAN K	DIRECTOR PHYSICIAN	1700	1.61.61	140
	22d. PHYSICIAN							Residence of the latest and the late			
		Daniel						wn Rd & Slade A	lve. 21	208	
	SURIAL, CREMAT	ION, REMOVA				EMETERY OR C		23d LOCATION CITY OR TOWN	COUNTY		STATE
	Burial		8/3/8			wn Ceme			ltimore	MD	
				Funeral D			25a DATE	REC'D. BY REGISTRAR 297EG	SISTRAR'S SIGN	TURE	1
87	28 Liber	rty Rd.	Randa	llstown,	Md.	21133	AU	0 4 1000	mond		7

DHMH - 16 50M 4/B2 (VRA 15, 4)

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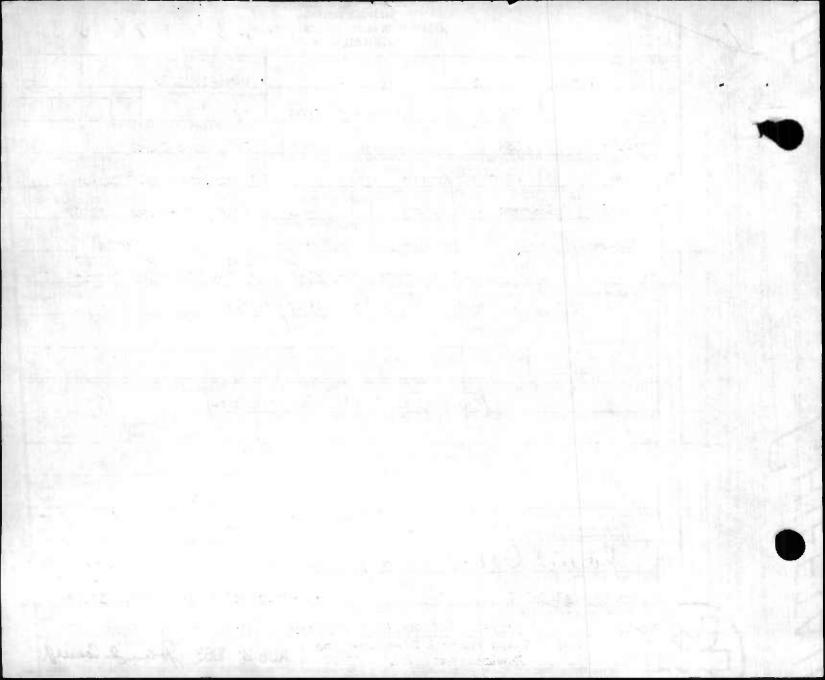
retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be feed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event,

morked or Item 18 shows

MPORTANT: If Hem 21 is



-						AARYLAND				
		FOR STATE	441			AND MENTAL H	FEENE	7 7	8 4	
- 1		REGISTRAR *	MI	EDICAL EXAMIN	AEK.2	CERTIFICATE O	KEG	NO:	9	B
- 1	I. DE	EASED NAME FIRST		MIDDLE		LAST	2a DATE KNOWN OF ESTI-	HTMOM X	DAY YEAR	2b HOUR
- 1		Shaw	n	Ρ.		adenhauer	DEATH MATED	7/18	/8319	. N
F	. SEX	4 RACE	S. DATE OF BIRTH			DER 1 YR. IF UNDER	24 HRS 2t. DATE MIN. PRONOUNCED	MONTH	DAY YEAR	5:84
1	M	ALE WHITE	06 2		RS.	27	DEAD	7/18/		A
ł	Ta. B1	RTHPLACE (STATE OR SEIGN COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	8. MARR	IED NEVER MARRI	P BALTIMORE CIT	_		10 1
7		ARYLAND	Us	SA	WIDOV			nore Cou	unty	MD
7		Y OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE)	TYPE OF WORK	2h KIND OF BU OR INDUSTE	
1	E	ssex /		in Square Ho	ospit	al	FOR MOST OF WORKING LIFE)		OK 11100311	
ł	JUA	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISS		113d INSIDE CITY LIMITS?	13e STREET ADDRESS			
1		111111111111111111111111111111111111111	TIMORE	PARKVII	T.F	YES NO	11 CLIFFWO	OD RD.	2120	26
Ì	-	THER'S NAME				15 MOTHER'S MAIDE	NNAME			711
1		FIRST TT	MIDDLE	PFADENHAL	פתו	DEBBY	MIDDLE		MURRAY	7
1		AS DECEASED EVER IN U.S. A		16b. SOCIAL SECURI	-	17. INFORMANT	ADDR		HOMMA	-
1	(1)	, , , , , ,	/E WAR OR DATES)	N/A		PHILT.TP 1	PFA DENHAUER	11 CL	IFFWO	זא מנ
ł		NO 18 CAUSE OF DEATH (Enter of	anly one cours nor the			EUTPITE .	FADBITIA	11 01	APPROXIMATE	
ı		PART I DEATH WAS CAUS	ED BY:	Sudden Infa	nt D	oath Synday	omo		BETWEEN ONSE	I AND DEATH
1		7990MMEDI	ATE CAUSE (a)	OR AS A CONSEQUENCE		each Syllard	JIIIE			
١		Conditions, if any, whice		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Oi				131 133	
1		gave rise to immediat couse (a) stating the unde		OR AS A CONSEQUENCE	OF					
ı		lying cause lost.	20210,0	AS A CONSEQUENCE	Or					
1		PART 2 DIHER SIGNIFICANT CONDITION	(c)	M BUT NOT BELATED TO THE LED	MINAL BICEAC	CONCENSION COMES IN SA	A7 1			
1	z	TAKE E STORE STORE CARE CONSTITUTE	CONTRIBUTION TO GENT	OU NOT KELKIED TO THE TEX	MINAL DISEAS	E VE CONDITION GIVEN IN PA	KI 1 (0)			
4	CERTIFICATION	19g. DATE OF OPERATION	Tigh CONF	DITION FOR WHICH OPE	RATION	/AS PERFORMED?			20 AUTOPSYS	2
4	E E									
ł	1	214 EXTERNAL CAUSE WAS	21b. TIME O	OF INJURY	21c H	OW IN JURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEA	A IR PART 1 OR PART	YES [Кои
П		UNDERLYING OR	HOUR A.	M. MONTH DAY YEA	R	ON INSURT OCCURRE	D (ETTENTIONE OF HOOM) IT III	1101 201 1011 201	•1	
ı	MEDICAL	CONTRIBUTING CAUSE OF		M. 19 E OF INJURY (AT HOME.	21f. LC	CATION				
1	¥	MANUEL MOTANIA		ACTORY, FARM, ETC.)		STREET	CITY OR TOWN	COUN	4FY	STATE
		AT WORK AT WORK								
4		22a. I certify that I took cha	rge of the remains d	escribed above, held an	Autop	sy X. Inspection	n . Inquiry .	and in my opin	nion	
1		death resulted from Nat	urol causes K.	Achigent , S	vicide	, Hamicide	Undetermined monner],		
-		aller	W. Ort	401	NO	TITLE (SPECIFY)		800.00		
4		ACTUAL SIGNATURE	cus !	x myser	MU	Assistan	LL MEDICAL EXAMINER	DATE	7/18	3/83
7	-	EXAMINER'S NAME DOM		//						
1		TYPE OR PRINT) Der	nnis F. Sr	myth, M.D.			Penn St. Balt	o., Md.	21201	
	23a.Bl	JRIAL TREMATION FREMOVAL		23c. NAME OF CE			23d. LOCATION CITY OR TOWN	COUNT	y st	TATE
1	111	BURIAL	6/19/1	983 GARDEN	VS o	FAITH	BALTO.	BAI	TO.	MD
1	24 FU	INERAL DIRECTOR	ADDR)	ss A	1		REC'D BY REGISTRAR 7	GISTHAR	Chief	7
1		of woch	12110	resource A	30 10	1237 111	21 1983	-0		,
-		7 17								

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D	EC	EASED	N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			4
DEC	NO		

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1. DE					ICATE OF DEATH	REG. NO			
(TYPE	CEASED NAME	A L LAY N	MIDDLE	CILLE	PFEIFFER		7 08	183	26 HOUR
									3:50
3 SE	FEMALE	4 RA	CAUCAS I AN	S. DATE C		6. AGE TIN YEARS LAST BIRTH	DAY] IF UN	DER TYEAR	HOURS N
				/	29 20	62	YRS	DE A TAL	
	RTHPLACE (STATE C	OR FOREIGN 76. C	ITIZEN OF WHAT COU	MARRIE	D MEVER MARRIED	DALITIO			
	aryland ITY OR TOWN OF D	EATH 11	U.S.A.	WIDOWE	DIVORCED DIVORCED	126. USUAL OCCUPATIO		P KIND O	F BUSINESS
	TOWSON		BMC-6701			Secretary ar	WORKING LIFE! IN	NDUSTRY	
13a. S	AL RESIDENCE (IF NO	13b. COUNTY	R INSTITUTION, GIVE RESIDENCE 13c. CITY C	CE BEFORE ADMISSION) OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
	aryland	Balti	more Loci	hearn	YES NO D	3621 Cedar	Drive	2120	7
III. FA	ATHER'S NAME FIRST Merl	MIDDL e	Leight	AST	15 MOTHER'S MAIDEN N	MIDDLE	Cauley	LAS	ī
	WAS DECEASED EVE	R IN U.S. ARMED		L SECURITY NO.	17 INFORMANT Mr.	Jay R. Pfelf	fer		
	NO	(IF TES, GIVE WAR		07-4049		rive Baltimo		. 212	207
	couse (a), sta	ring the	DUE TO, OR AS A CON	SEQUENCE OF					
ICATION	underlying cou	GNIFICANT CON	(c)	NG TO DEATH BUT		MINAL DISEASE OR COND	ITION GIVEN II 20b. IF YES, WE IN CERTIFYING	RE FINDIN	NGS USED
RTIFICATION	underlying cou PART 2 OTHER SI 19a DATE OF OPER	GNIFICANT CON	(c)	NG TO DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	NGS USED
CAL CERTIFICATION	PART 2 OTHER SI	GNIFICANT CONI	(c) DITIONS <u>CONTRIBUTIN</u>	NG TO DEATH BUT	N WAS PERFORMED	20c AUTOPSY?	206. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SI	GNIFICANT CONI	196 CONDITION FOR 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY 1AT HOME STREET, FACTORY.	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.)	N WAS PERFORMED	YES NO KA	20b. IF YES, WE IN CERTIFYING YES IN ITEM 18 PART I	RE FINDING CAUSES	NGS USED OF DEATH?
	PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER NOTIFY MAY 21d, INJURY OCCU WHILE AT WORK 22a.1 certify that sow the dece above, (1) (we	GNIFICANT CONI	19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY	WHICH OPERATION TH DAY YEAR OFFICE, FARM, ETC.)	216. HOW INJURY OCCU	200 AUTOPSY? YES NO X RRED (ENTER NATURE OF INJURY	20b. IF YES, WE IN CERTIFY INC YES IN ITEM 18 PART 1:	RE FINDING CAUSES ORPART 2) COUNTY	NGS USED OF DEATH? NO STATI
	PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS LOOK CONTRIBUTING (IF EITHER NOTIFY MI 21d. IN JURY OCCU WHILE AT WORK AT A 22a.1 certify that sow the dece abave, (1) (we 22b. SIGNATURE	GNIFICANT CONI	DITIONS CONTRIBUTION 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, ottended the deceased - 08 ew the body after death W. M.D.	WHICH OPERATION TH DAY YEAR OFFICE, FARM, ETC.)	216. HOW INJURY OCCU	YES NO X RRED (ENTER NATURE OF INJURY CITY OF TOW	20b. IF YES, WE IN CERTIFYING YES IN ITEM 18 PART 1:	COUNTY	NGS USED OF DEATH? NO STATI
	PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER NOTIFY MAY 21d, INJURY OCCU WHILE AT WORK 22a.1 certify that sow the dece above, (1) (we	GNIFICANT CONI GNIFICANT CONI RATION JNDERLYING CAUSE OF DEATH EDICAL EXAMINER) JRRED WHILE WORK WHILE JOSH JGIGH (did not) vie NAME (TYPE OR PRIM	DITIONS CONTRIBUTION 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, ottended the deceased - 08 ew the body after death W. M.D.	WHICH OPERATION TH DAY YEAR OFFICE, FARM, ETC.)	216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY CITY OR TOW The death accurred on the date MEDICAL STAFF DIRECTOR PHYSICI	20b. IF YES, WE IN CERTIFYING YES IN ITEM 18 PART 1.	RE FINDING CAUSES ORPART 2) COUNTY	NGS USED OF DEATH? NO STATI
WEDICAL	PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS LOOK CONTRIBUTING [IF EITHER NOTIFY MI 21d. INJURY OCCU. WHILE AT WORK NOTIFY MI 22a.1 certify that sow the dece abave, (1) (we 22b. SIGNATURE 22d. PHYSICIAN'S PHILLI BURIAL, CREMATIO	GNIFICANT CONI RATION JINDERLYING CAUSE OF DEATH EDICAL EXAMINER) JRRED WHILE JOSE JOINT OF THE CONTROL	DITIONS CONTRIBUTION 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, ottended the deceased - 08 ew the body after death W. M. D. NT)	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.) from 19 83	216. HOW INJURY OCCU	206 AUTOPSY? YES NO X RRED (ENTER NATURE OF INJURY CITY OR TOW TO 7-08 In death occurred on the dat MEDICAL STAFF DIRECTOR PHYSICI	20b. IF YES, WE IN CERTIFYING YES IN ITEM 18 PART I	RE FINDING CAUSES ORPART 2) COUNTY	NGS USED OF DEATH? NO STAT
WEDICAL MEDICAL	Underlying COUPART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY MI 21d, INJURY OCCU WHILE AT WORK 22a. 1 certify that sow the dece above, (1) (we 22b. SIGNATURE 22d. PHYSICIAN'S PHILL BURIAL, CREMATIO (SPECIFY) BURIAL	GNIFICANT CONI RATION JINDERLYING CAUSE OF DEATH EDICAL EXAMINER) JRRED WHILE JOSE JOINT OF THE CONTROL	DITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, ottended the deceased 7-08 ew the body after death R, M. D. 3b. DATE 7-11-83	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.) from 19 23c. NAME OF C. Loudon.	216. HOW INJURY OCCU 216. LOCATION 518EE1 5-28 19 6-19 19 19 19 19 216. HOW INJURY OCCU 216. HOW INJURY OCCU 216. HOW INJURY OCCU 216. HOW INJURY OCCU 216. HOW INJURY OCCU ATTENDING PHYSICIAN 226. ADDRESS GBMC-6701 EMETERY OR CREMATORY PARK Came to:	RRED (ENTER NATURE OF INJURY CITY OR TOW TO 7 - 08 In death occurred on the dat MEDICAL STAFF DIRECTOR PHYSICI. N. CHARLE 23d. LOCATION CITY OR TOWN Baltimore	20b. IF YES, WE IN CERTIFY INC YES IN ITEM 18 PART 1: N 198 e and hour onc S ST.	COUNTY Grant 21 COUNTY Grant 21 COUNTY Grant 12 COUNTY Grant 12 COUNTY	NGS USED OF DEATH? NO STAT that (1) (we) couses state SIGNED /83
23a. 1	UNDERAL DIRECTOR	GNIFICANT CONI GNIFICANT CONI RATION JNDERLYING CAUSE OF DEATH EDICAL EXAMINER) JRRED WHILE JOSEPH WHILE JOSEPH NOSK NAME (TYPE OR PRIM P SIEME N. REMOVAL 23 LOTING BY LOTI	DITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, ottended the deceased 7-08 ew the body after death R, M. D. 3b. DATE 7-11-83	which operation TH DAY YEAR 19 OFFICE, FARM, ETC.) from 83 236. NAME OF C. Loudon 1 Director	216. HOW INJURY OCCU 216. LOCATION 518EE1 5-28 19 6-19 19 19 19 19 216. HOW INJURY OCCU 216. HOW INJURY OCCU 216. HOW INJURY OCCU 216. HOW INJURY OCCU 216. HOW INJURY OCCU ATTENDING PHYSICIAN 226. ADDRESS GBMC-6701 EMETERY OR CREMATORY PARK Came to:	RRED (ENTER NATURE OF INJURY CITY OR TOW MEDICAL STAFF DIRECTOR PHYSICI. N. CHARLE	20b. IF YES, WE IN CERTIFY INC YES IN ITEM 18 PART 1: N 198 e and hour onc S ST.	COUNTY Grant 21 COUNTY Grant 21 COUNTY Grant 12 COUNTY Grant 12 COUNTY	NGS USED OF DEATH? NO STAT that (1) (we) couses state SIGNED /83

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the furshould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TE STUDY IN THE SERVER ST. A POLICE OF THE LITTLE DESIGNATION IN A. IL COLF SHEET P. A. Ti 22 The .l. Dy-ini A LOCAL DE LA COMPANION DE LA and the second of the second o FOR I tem 21a thru 22a - STATE REGISTRAR 11-10-83 cn

STATE OF MARYLAND

DEP ARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

1	· lin	Q	

JUL 21 1983

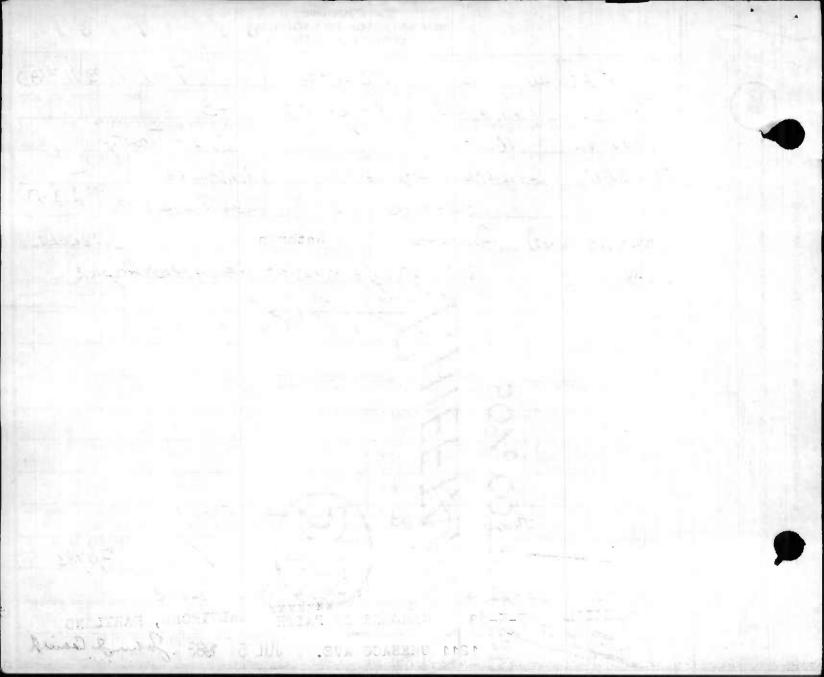
1	NE O IOTA							REG. N	IO.		
	ECEASED NAME	FIRST		MIDDLE		LAST	SR.	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR a
	PE OR PRINT)	Harvey	/	Α		ILLIPS	on.	July 20	, 1983		12:45 N
3 5	MALE	1	RACE		5 DATE		± YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
	PIALIS	1.00	CAUCA	SIAN	10		23	59	YRS	ONTHS BAYS	HOURS MIN.
7a.1	WILLIAM TO THE PARTY OF THE PAR	OR FOREIGN 7	& CITIZEN OF	WHAT COU	NTRY? 8	D NEVER	MARRIED []	9 BALTIMORE CITY		OF DEATH	
13		ROLINA	US		WIDOW	ED D	IVORCED [Baltimore	e Count	ty	MD
A.	OSSVILLE	OF BUILDING	FRANK	LIN	SQUARE	HOSPI		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SIGNAL M		126 KIND (INDUSTRY	OF BUSINESS OR
10	SSV 1022 MALRESWENCE (IF N STATE PYLAND	BALT	TMORE	13t. CITY O	E BEFORE ADMISSIONI R TOWN EDALE	13d. INSIDE O	NO LIMITS?	13e STREET ADDRESS 2006 LOT	GVIEW	CT.	21237
1	FATHER'S NAME	Á	AIDDLE	PHIL	T.TPS		S MAIDEN NAM	WE		1A	IST.
4	JOHN WAS DECEASED EV		ED FORCES?		L SECURITY NO.	17 INFORM		ADDRI	SS		
(YES	(IF YES GIVE	WAR OR DATES)	3	85299	MARY			006 L	OMCUI	בשינו כיים
-	1	1 44.44	<u> </u>			PIANT	A. III	TINITI 2 S	1 000		
1	18 CAUSE OF DEA	WAS CAUSED								BETWEEN	ONSET AND DEATH
	Call Call	IMMEDIATE	CAUSE (a)	Jaraio	-respira	itory A	rrest				
12	17289				SEQUENCE OF			1			
1	Conditions, if on		(b)	Intrac	erebral	Hemorr	hage				
	cause (a), statunderlying cau	ting the		eas a cont	SEQUENCE OF njury						
z	PART 2 OTHER SIG	GNIFICANT CO				NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	(0)
A Ho	90 DATE OF OPER	ATION	19h CONDI	TION FOR W	VHICH OPERATIO	N WAS PERF	PAAED	20e AUTOPSY?	Table 15 VES	WERE FINDI	ALCC LICED
CERTIFICATION			114 001101	, io · · i o i · ·	THE TOP ENAME	IN WASTERIC	JKMED	YES NOX	IN CERTIFY:	ING CAUSES	S OF DEATH?
WEDICAL CE	210 ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME	CAUSE OF DEATH	12:30A	A. MONTH	14/83 YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
WED	21d. INJURY OCCU	WHILE TX			OFFICE, FARM, ETC	21f LOCATION STREET	N	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that 8	(this haspita				4	10 83	July 20	16	83	that M (we) lost
	sow the deced above (b) (we)	sed alive on	July 20		0.0	d the credit	100 H de inian d	death accurred on the de	ate and hour		
	226 SIGNATURE	CALL	ly mis			DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI	FF A	221. DATE	SIGNED - 20 - 83
	224. PHYSICIAN'S N		1		1	22e ADDRES	S			W. L.	
			Key, M	1.D.		9000	Frankl	in Square D	rive	21237	941
23a B	BURIAL, CREMATION	N, REMOVAL	23b DATE	2/92	231 NAME OF C			23d LOCATION		6 gures	STATE
	BURIAL		07/2	5/03	DETRAN.	Y BAPT	HTDI	/ WENDE	LI W	AKE	N.C.

DHMH - 16 50M 1/B1 (VRA 15, 4)

cc No SUA DE MILITARE CADAILANA TARA MARIS DALAM 1919 . I WILL I 1908 I TOTAL CONTRACTOR CC (8 86 II dural vand one allula. July 2 200 / 100 18 100 - -

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter di retained by the haspital or attending physicion.

	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reg. No	1778	3 7
	{TYPE	CEASED NAME FIRST	MIDDLE L	POLITZ	20. DATE OF DEATH	MONTH DAY YEAR 7 - / - / 923	26 HOUR
	3. SE)	DEMAK	Taucasoid	5. DATE OF BIRTH MONTH 24 OP YEAR	6. AGE (IN YEARS LAST BIR)	YRS DAYS	HOURS
ou ouce		RTHPLACE (STATE OR FOREIGN OUTPRY) // ARY/AND	LSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	12a USUAL OCCUPATE	R COUNTY OF DEATH	OF BUSINES
be aptified	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	DORESS) Spica	TYPHOF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	P BUSINES:
Signal Paragraph of the	13a. S	TATE ISS EOU	NTY 13 CITY OR TOWN	YES NO	13. STREET ADDRESS	DAKE RD	2173
SOO O		WILLIAM (NA	MIGDLE GUNTHIER	15. MOTHER'S MAIDEN N	yn MIDDLE	CAR	ROLL
The dicol			RMED FORCES? 166. SOCIAL SECUI	1565 RYCONS Q	+ Stella M	nes Hospic	ē.
injury, or other troumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D				0
ows ony ii	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
frem 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	AIN /	Y YEAR 19	JRRED (ENTER NATURE OF INJUS	RY IN ITEM IS PART I OR PART ?)	
morked or f	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	RALETC) 211. LOCATION STREET	CITY OR TO	WN COUNTY	51
m 21 is	5	220.1 certify that (1) (this hosp saw the deceased alive of above, (1) (we) (did) (did no 22b. SIGNATURE		OPEGREE	on death occurred on the do	19 8 3 ate and hour and from the	
he				ATTENDING PHYSICIAN	MEDICAL STAL	FF _ \\ \\ \\ \\ \\ \\ \	183
IMPORTANT: IF		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	, 11		



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

	REGISTRAR
E/A	1. DECEASED NAME (TYPE OR PRINT)
	3. SEX

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COUNTRY OWSON Maryland 14. FATHER'S NAME FIRST No CERTIFICATION MEDICAL

FIRST LAST 2a. DATE OF DEATH MONTH 2b. HOUR MARGARET POORBAUGH 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY! 4. RACE MONTH DAY YEAR FEMALE 08 09 97 85 WHITE YRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED BALTIMORE COUNTY Maryland U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR THE DISTITUTION
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. Gov't. NORTH CHARLES STREET Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 130. STATE 13b. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 8D Choate Ct. Towson 21204 NO T 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Julia William E. Wheeler E. Ensor ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! Earle R. Poorbaugh 8D Choate Ct. 21204 218-22-0093 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line facta), (b), and (c). PART I. DEATH WAS CAUSED BY: MINUTES IMMEDIATE CAUSE IO **GONSEQUENCE OF** Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last sarrk entricular PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE STREET CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (Athus haspital Dattended the deceased from 7-17 83, and that in (my) ((ur) Dinian death accurred an the date and haur and fram the causes stated saw the deceased alive an. abave, (I (we) aid did nat) view the bady after death 22h, SIGNATURE 224. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Burial Jul 21 1983 BP 24. FUNERAL DIRECTOR Baltimore, Maryland Leonard J. Ruck, Inc.

23b. DATE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Baltimore Maryland Loudon Park Bemetery 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION

DHMH - 16 50M 4/82 (VRA 15, 4)

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		CEASED NAME FIRST	MIDDL	E	LAST		Za. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
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	3 SE	X	4. RACE		5. DATE OF BIRTH	VEAR	& AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDE	ERIYEAR	IF UNDER 24 HE
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Swo ons	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	N FOR WHICH C	PPERATION WAS PER	FORMED	200 AUTOPSY?	IN CER		E FINDING CAUSES O	GS USED OF DEATH?
Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	E DEATH HOUR A.M.		Y YEAR	INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 1	8 PART I OR	PART 2)	
irked or 1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F)	NJURY ACTORY, OFFICE, FA	21f. LOCA STR		CITYO	RTOWN	co	YINU	STATE
NT: If them 21 is mo		226. SIGNATURE	d non view the body ofter	ceosed from 19 r deoth.	, ond that in (m	ATTENDING PHYSICIAN [, to 7/3/8 death occurred on the	e date and h		c. DATE SI	ouses stated
IMPORTANT	73n	E. Stre	eten Mo	1237 NI		Tohno He	1230 LOCATION	octal			
- 19		Speciey) Burial UNERAL DIRECTOR	07/20/8		cred Heart	t Of Mar	y CITY OR TOWN			imore	
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DHMH-16 30M 2/80 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 34 Meretoined by the hospital or attending physicion.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tillied in by should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be litted with the State Dept of Health and Mental Hygiene prior to buriol, cremotion, or removal.

112	#b,c,FilmG584	10/31/83 kam	STAT	E OF MARYLAND				
1.	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		19	0
	ECEASED NAME FIRST	MIDDLE	Ł.	AST	26 DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR a
	Bernard		PRESS		July 22	1983	F UNDER 1 YEAR	2:42 M
3. SE	Male	White	S. DATE C	5° 1'929	6 AGE (IN YEARS LAST BIR	YRS.	ONTHS DAYS	HOURS MIN.
7a. B	SIRTHPLACE (STATE OR FOREIGN	Th. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o			MD
	Rossville	11. NAME OF HOSPITAL, NURSIN (* NOT IN SUCH FACILITY, GIVE STREET Franklin Sq	IG HOME (Hospital	120 USUAL OCCUPATION OF WORK FOR MOSEC	F WORKING LIFE		t Meta
130.	Maryland Bal	other institution, give residence before ITY	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO K	130. STREET ADDRESS 2-G- Sha	ronda	le Way	y 21:
(14. F.	Milton	Presse	11	15. MOTHER'S MAIDEN NAM	a.		Ritt	ter
160	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 213-26-8		Mrs. Marl	ADDRI		Same	MAYE INTERVAL
TION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE	to NESTEE BUT	Massive Gastro Inal Bleed Not related to the term and Neck		DITION GIVE	N IN PART 1(0	3× 6° 2
CERTIFICATION			OPERATIO		YES NO	IN CERTIFY YES	ING CAUSES	
CAI CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT (OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that A this hospi saw the deceased alive an above, throwe) (did) (354 ho	tol) ottended the deceosed from		nd that in (our) opinion				hat M (we) last causes stated
	22b. SIGNATURE	()	10	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		7/2	a/83
	22d. PHYSICIAN'S NAME (TYPE C			22e ADDRESS			01007	
	Darius Rus				lin Square	Drive	21237	
	BURIAL, CREMATION, REMOVAL (SPECET) Cremation FUNERAL DIRECTOR			iew Cemeter	y Balto E REC'D. BY REGISTRAR		Balto.	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

7 / 9

	REGISTRAR				CERTIF	CATE OF DEATH	RE G.	NO.		
	CEASED NAME	FIRST	٨	AIDDLE	1	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
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1. 5E2	v .		M. PROT	HERUE	5. DATE C	NE DIDTH	AGE (IN YEARS LAST		IF UNDER I YEAR	
) DE	Male		White			26 1909 YEAR	74	YRS.	MONTHS DAYS	
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10 CI	TY OR TOWN OF DEA	TH	11. NAME OF H	OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA	MOITA	126 KIND O	OF BUSINESS OR
	sville 212		Frankl	In Sq. To	spita		Taboreros	T OF WORKING (THE STEELEN	Mill
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14. FA	THER'S NAME PIRST Demon		theroe	LAST		15. MOTHER'S MAIDEN NAM	ME Stringer MIDDLE		LA	AST
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
	NO OR UNKNOWN)	(IF YES, GIV	WAR OF DATES	070 03	7171	Regina C. Pr	otheroe, W	life	Same	XIMATE INTERVAL I ONSET AND BEATH
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MEDICAL CERTI	216. ACCIDENT WAS UNIT OR CONTRIBUTING [] IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR! WHITE NOT WAT WORK NOT WO AT WORK NOT WAT WO Sow the decease above, \$\frac{1}{2}\$ (we) (c 27b. SIGNATURE	CAUSE OF DEA	21e PLACE (IAT HOME STR	M. MONTH DAM. DF INJURY EET, FACTORY, OFFICE, F edeceased from 19	ARM, ETC) June 83 . at	211 LOCATION STREET 29 , 19 83 and that in (App) (our) opinion of DEGREE	to JULY 2 death occurred on the	TOWN	, 19.83 our and from the	E SIGNED
	22d. PHYSICIAN'S'N	AME (TYPE OF	10000	My	2	PHYSICIAN TO THE PHYSIC	DIRECTOR PHYS	SICIAN	1/12	2/83
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230 E	Burial, CREMATION.	REMOVAL	7/5/83	Oal	Law!	EMETERY OF CREMATORY	Ballta mon	re Co.	. Md.	STATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fired with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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24 FUNERATORECTOR
Bruzdzinski

FOR - STATE

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ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

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DHMH - 16 50M 4/82 (VRA 15, 4)

Oak Lawn Cemetery

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Funeral

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

REGISTRAR I. DECEASED NAME FIRST 20. DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) nna 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED 1 DIVORCED MD 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (IENOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO W 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT [YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 STREET NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR 25 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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3.SE Ma	Žle	4.	RACE to	Э	5. DATE C		6 AGE INTE	ARS LAST BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
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130. Ma	ryland	NINCOUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW		13d. INSIDE CITY LIMITS?		poress Thorne	liff	Rd.	21236
	Charle:		PIE A	Raab		15. MOTHER'S MAIDEN NA Ánna	MĒ	WIDQLE		Vani	
	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GIVE W		215-03-		Mildred T	. Raab	4258 Balto	Thorn Mo	ncli	ff Rd.
z	Canditions, if any, gave rise to imm cause (a), stating underlying cause	which rediate g the last.	DUE TO, OI (b) DUE TO, OI (c) NDITIONS CO		NCE OF	ocardial in ordery	al sea	OR CONDITION	N GIVEN IN	PART 1	
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	224 PHYSICIAN'S NA	V		U he	١.	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN		7. 2	17.83

DHMH - 16 50M 4/82

Robert Roubenoff, M.D. 230 BURIAL CREMATION, REMOVAL Burial 7-29-83

7652 -A Belair Rd., Baltimore, Md. 21236 230 NAME OF CEMETERY OR CREMATORY Gardens of Faith

234 LOCATION

Baltimore,

Md.

Lassahn Funeral Home, Inc. Balto., Md. 21236 | | 2 0 1983

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by

MAPORTANT: If Item 21 is marked

should be detached with the State Dept.

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C. DEL, WALL LAWYOUT TRESPENS

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GENE 5 7	794
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
R	GEORGE	В	RALEY	JULY 24, 198	3 9:20Am
1)	Male	Caucasian	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
2			9-17-1894		RS.
35	78. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE	COUNTY MD.
lied with	Baltimore	Franklin So	uare Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Restaurant Owner	ING LIFE) 126. KIND OF BUSINESS OR INDUSTRY Self-Employe
ad be		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 13c. CITY OR TO	ORE ADMISSION) OWN 136. INSIDE CITY LIMITS?	13e STREET ADDRESS	
£ 5	Md.	Balto	• YES ▼ NO □	AWE ECHOGS	le Avenue 21214
ages rand 2 should be redical exaction and the	Unknown	MIDDLE LAST	Unknown	MIDDLE	LAST
ges	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	21217
S. Po	yes V	ARMED FORCES? 166 SOCIAL SE S GIVE WAR OR DATES) VWI 216-10-	3442 Bernice (Cunningham 18	803 Eutaw Place APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ingred of the arrange property. Then please removal. to burial, cremation, ar removal. injury, ar other traumatic event, the ar		DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	RY TRACT INFECTION ODEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART Ita
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Mental Hygie	OR CONTRIBUTING TO CAUSE OF	FDEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
h and Me	ORCONTROLLER MOTHER MEDICAL EXAM INFERTMEN MOTHER MEDICAL EXAM INFERTMENT MOTHER MEDICAL EXAM WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
	22a L certify that (I) (this his saw the deceased alive abave, (I) (we) (did) (di	ospital) attended the deceased from 1111 Y 24 19	m_JULY 23 19 8 2 83 , and that in (nV) (aur) opinio		d haur and fram the causes stated
TO FUNEXAL DIRECTOR: should be detached for us with the State Dept of He MPORTANT: If them 21 is:	226. SIGNATURE	- RSiles	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/24/87
should be de with the Stat	224. PHYSICIAN'S NAME (T)	YPE OR PRINT)	22e. ADDRESS		
with with the MPO		IDES M.D.		klin Square Dr	rive 21237
	230 BURIAL CREMATION, REMOVE (SPECIFY) Cremation		R. NAME OF CEMETERY OR CREMATORY Greenmount	Balto., M	Id.
5 50M 4/B2 15, 4)	SCHIMUNEK F.	Baltimore 3331 BEEN	Md. 21213 250.D	ATE REC'D. BY REGISTRAR 256 R	egistrar's signature

DHMH - 16 50M 4/ (VRA 15, 4)

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ATTENDING PHYSICIAN The

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FOR STATE REGISTRAR
(TYPE OR PRINT)
3. SEX
70. BIRTHPLACE (S
Catonsvi
USUAL RESIDENCE

STATE OF MARYLAND DEPARTMENT OF HEALTH CERTIFICAT

E OF DEATH	REG. 1	NO.	1	9	5	
t	20 DATE OF DEATH	7	3	YEAR 83	26. HOL	
Н	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
15 1899	83	YRS	MONTHS	DAYS	HOURS	MiM

								KLO.	140.			
1. DECE ASED NAME (TYPE OR PRINT)	Mary		A.		pert		20 DAT	OF DEATH	MONTH 7	3	YEAR 83	26. HOUR 5:25
3. SEX		4. RACE	V	S. DATE C		1899		IN YEARS LAST B	IRTHDAY)	# UNE	DER I YEAR	IF UNDER 24 H
76. BIRTHPLACE (STATE COUNTRY Del.	R FOREIGN		SA	8 MARRIE WIDOWE		MARRIED X	Rell	MORE CITY Limore	_		EATH	
Catonsvill			OSPITAL, NURSIN HEACILITY GIVE STREET DSEPH S			MOITUTIT	(TYPE OF	OME I	OF WORKING		DUSTRY	F BUSINESS
USUAL RESIDENCE (#N	136 COU		GIVE RESIDENCE BEFORE WILMINGT		13d. INSIDE	CITY LIMITS?	18°25TR	Jacks	on Str	eet	(1980	3517
Ludwig		WIDOLE	Rapert			S MAIDEN N	JAME	WIDDLE			Grä	La
160 WAS DECEASED EV (YES, NO OR UNKNOWN)		RMED FORCES?	166 SOCIAL SECU 221-07-		17. INFORM	seph s	N.H.	Caton:			rive D. 21	1228
18 CAUSE OF DE PART I. DEATH	MAS CAUSI	EĎ BY. TE CAUSE (a)	line tay as for, and	oule	retre	Card	la Vas	e Du	reare	F	APPROXI BETWEEN O	MATE INTERVAL DNSET AND DEA

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.

21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220 I certify that (1) (this haspital/attended the deceased from saw the deceased alive as , and that in (my) (our) opinian death accurred an the date and haur and from the causes stated

TE-SIGNATURE / / / / /	DEGREE		22c DATE SIGNE
Harry of mes.	no	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	7-4-

224. PHYSICIAN'S NAME (TYPE OF 9 22e ADDRESS

5411 old Fodenck Ra

230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Cemetery Cathedral Buria]

DUE TO, OR AS A CONSEQUENCE OF

23d LOCATION COUNTY

Wilington

STATE

STATE

24 FUNERAL DIRECTOR Duda-Ruck Inc.

gave rise to immediate cause (a), stating the

underlying cause last

7922 Wise Ave

250. DATÉ REC'D. BY REGISTRAR 251 PEGISTRAR'S SIGNATURE

FUNERAL DIRECTOR.

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should be detached with the State Dept. IMPORTANT: If he

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNER'AL DIRECTOR: After this certificate hos been signed by the ottending physici should be detached for use as the buriol-fronsit permit. Then please remove corbon popel with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

morked or Item 18 shows ony injury, or other troumotic event, the

IMPORTANT: If Hem 21 is

1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MEI CERTIFICATE OF DEA	TAL HYGIENE	7	7	9	6
Ī	I. DECEASED NAME FIRST	eth G.	Raycob	20. DATE OF DEATH		23	YEAR 83	26 HOUR 9:30 F
	3. SEX / Female	4. RACE White	5. DATE OF BIRTH May 20, 1919	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
2	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land 10. CITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSIN		RCED Ba	ltimo	ore	Cour	nty MD
1	TOWSON USUAL RESIDENCE LIF NURSING HOME O	(IF NOT IN SUCH FACILITY, GIVE STREET St. Joseph	Hospital ADMISSION	Housewif	OF WORKING		DUSTRY	1 003 11 1233 OK
2	130. STATE Maryland 14. FATHER'S NAME	INTY 13c CITY OR TOW Baltimo.		4300 Ann		Ave	21:	206
0	FIRST ?	Schuster Schuster	Hatt:	i.e		Schla	abee	Ť
2	(YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAL SECU IVE WAR OR DATES) 218-10-		derick I Raycob	RESS	Same		-
	PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE CATCINON	Camecinomate	sis			APPROXI BETWEEN (MATE INTERVAL DNSET AND DEATH
7	PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO D			20b. 1F)	YES, WER	E FINDIN	NGS USED OF DEATH?
7	TO RECONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	HOUR A.M. MONTH DA	19 211. LOCATION	Y OCCURRED (ENTER NATURE OF IN		16 PART I OR	PPART 2)	STATE
1		pital) attended the deceased from	July 14	9 93, to July	- 23	_, 19_8	3	thor (we) lost

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital

TO HOSPITAL OR

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

7/27/83

23b. DATE

274. PHYSICIAN'S NAME TYPE OF PRINT

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23d. LOCATION
CITY OR TOWN
Baltimore, Maryland

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DAJE SIGNED

STATE

vituus Counti I sa Toward | St. Joseph Nosental Abdominel Compinents प्रवादाधारा थि एवर प्रा THE 2 STEEL SELLING

certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

retained by the hospital ar attending physician.

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Y	No.	-	
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FOR STATE

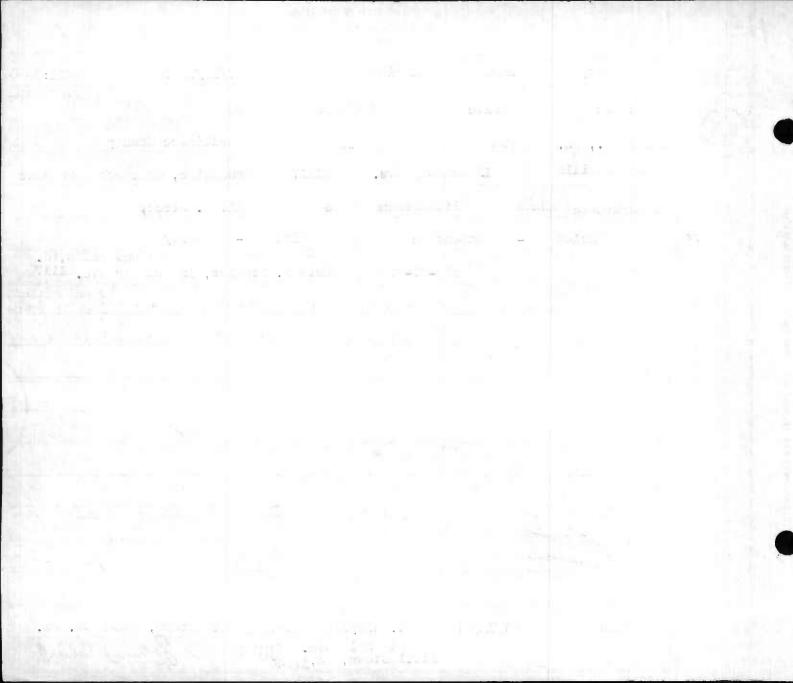
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	1	9	-

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. D	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	DAY YEAR 26 HOUR
(111	PE OR PRINT) Mary	Laura Redd	ling	7/15/1983	11:30
3. S	EX	4 RACE	5. DATE OF BIRTH	-	IF UNDER 1 YEAR IF UNDER 24 H
1	Female	White	4/21/1893 YEAR	90 yrs.	MONTHS DAYS HOURS MI
	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	I	9 BALTIMORE CITY OR COUNTY	OF DEATH
	country Pa	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Coun	ity
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS
10	Owings Mills	915 Academy A	ve. 21117	type of work for most of working Life Housewife, Housew	ork Own hom
130.	UAL RESIDENCE IF NURSING HOME OR STATE 134 COUN NNSYLVANIA Adam		N 134. INSIDE CITY LIMITS?	130 STREET ADDRESS 117 M . Street	9999
0/11.1	FATHER'S NAME Charles	Eckenrode	Louise	- Welty	LAST
3 160.	WAS DECEASED EVER IN U.S. AR. (YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECUI E WAR OR DATES] 198-07-8	Remalla	stuller, 915 Academ	s Mills,Md. y Ave.21117
any injury, or either freemen.			ARY ATHROSCLA	20a AUTOPSY? 20b. IF YES,	EN IN PART 1(0)
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	7 IN TIME OF INJURY	IZIC HOW INJURY OCCUR		YING CAUSES OF DEATH? S NO NO NO
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MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DI 18 11 7 W	22a.1 certify that (I) (this hoper saw the deceased alive on above, (I) (we) (did) (did so	fol) oftended the deceased from 6 - 2 + 19.8 Privile the body after death.		death accurred on the date and hour	
Z	22b. SIGNATURE	soogl.		MEDICAL STAFF DIRECTOR PHYSICIAN	7-15-8
NA TON	K. Arumugaraj		27e ADDRESS 207 S. Queer	nSt., Littlestown,	,PA 17340
730	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		Aloysius Cemete.	ryLittlestown, Ad	county Co. Pa.
14.	PUNERAL DIRECTOR A-L	appress 3	34 Maple Ave. 24 00 lestown, Pa, 17340	TE RESOLUTE PROJECT PR	RAR'S SIGNATURE

DHMH-16 60M 1/73

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	11111	Peg	gy J.	Reich	nert	July 29, 19		8:5
	3. SEX		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	AR IF UNDER
	-	Female	White		1 1°4 19°28	55	YRS	
6	M	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	WIDOWE			ore County	10.4
18	10. C1	Towson	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH PACILITY, GIVES St. JOSEPH			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SectyI	WORKING LIFE) IN DUSTA	of Busin Admon
35	USUA 130 S	TATE 13b. C	AE OR OTHER INSTITUTION GIVE RESIDENCE BOUNTY 136 CITY OR THE STATE White	TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5633 All	ender Rd	. 211
2/	I4. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAST
50		Preston		uby	Ruth		Hend	derso
gicol		AS DECEASED EVER IN U.S	ARMED FORCES?	- 1001	17 INFORMANT	ADDRE		
/		no	900-2:	1-7046	John Reich	ert (husba		addr
s only mlory, or other is	- 2	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE		Astronton Ad			
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000	CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION	NOT RELATED TO THE TERA	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USE ES OF DEA NO [
00	-	19a. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USE ES OF DEA NO [
1019	MEDICAL CERTIFICATION	210. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFT THE CAUSE OF LIFT T	196 CONDITION FOR WE FORATH HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF)	HICH OPERATION DAY YEAR 19 FICE FARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES 14 IN ITEM 18 PART 1 OR PART 2	DINGS USE ES OF DEA NO
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	CEASED NAME E OR PRINT)	Harol	a	C.	Re	eid Jr.		20. DATE O	4:54 M				
3. SE	Х		4. RACE		5. DATE O		EAR	AGE IN	YEARS LAST BIRT	HDAY)	MONTHS	RIYEAR	IF UNDER 24 HRS.
1	Male		C	au.	7		22		60	YRS.			
	IRTHPLACE (STATE			WHAT COUNTRY?	8. MARRIE WIDOWI	D S NEVER MARRI	ED 1	9. BALTIMO Ba	RE CITY O	re C	ount	У	MD.
2	Towson		Sain	Joseph	vo Host	or other instituti	7		OCCUPATION MOST OF	WORKING I	LIFE) INDU	KIND OF USTRY GOL	BUSINESS OR
13a. S	Md.	NURSING HOMEOR		1. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Balto	'N	YES X NO		130. STREET 5821		zona	Ave	e. 2	21206
14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAII	DEN NAM	۸E	MIDDLE			LAST	
_	arold		C.		Sr.	Esth	er		G.			Come	egys
	VAS DECEASED EY YES, NO OR UNKNOWN YES	I IF YES GIV	MED FORCES? VE WAR OR DATES) V. II	214-18-		Doris E	E. Re	eid 5	821		ona	Ave	Э.
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EDICAL CERT	218. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	AIM	OF INJURY ,M. MONTH D/ ,M,	AY YEAR	21c HOW INJURY	OCCURR					PART 2)	
MEDI	WHILE NO	T WHILE		OF INJURY REET, FACTORY OFFICE, F	FARM, ETC)	21f. LOCATION STREET	02	•	CITY OR TO	WN	cou	INTY	STATE
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	226. SIGNATURE	6	D- lu	**		DEGREE ATTEN PHYSI	DING CIAN	MEDICAL DIRECTOR	STAF		220	7/	23/P3
	224. PHYSICIAN'S	S NAME (TYPE C	OR PRINT)			7620 Y	ork/	Road	Tows	on, l	Mary!	land	21204
23a. E	BURIAL, CREMATIC	ON, REMOVAL	23b DATE	23c. 1	NAME OF C	EMETERY OR CREM	ATORY	23d. LOC	ATION				

DHMH - 16 50M 4/82

etoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

injury, or other troumotic event,

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IN CHIANT: If Hem 21 is morked or Hem 18 show

Cremation 7-26-83

Green Mount Cem. Balto

258. DATE REC'D. BY REGISTRAR 21 DEGISTRAR SSIGN TURE

Belair Rd. JUL 25 1982 John C. Miller Inc. 6415 Belair Rd

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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REG NO				

DECEASE NAME LUTHER B RILEY State of Details AGE INVITABLE NAME AGE INVITABLE NA	1 - S	OR STATE SEGISTRAR			D			EALTH AN	D MENTAL HYC	SIEMS 3	REG.	NO.	7 8	0	0	
CUTHER B COUNTY							Į,	AST		20. DATE C	OF DEATH			YEAR		
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Male Mite June 26, 1905 78 78 78 78 78 78 78 7	SEX		4. F						WE . D	& AGE IN	YEARS LAST	BIRTHDAY)	IF UNDE			4 HRS
MARYLAND WAS DECENTED AND STATE OF THE INSTITUTION WAS DECENTED BY STA) I	Male		Whi	te		-	- 1		7	8	YR	s l	DATE	WOOKS	per orac
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PHYSICIAN TO TOWSON MD 21204 William C. Ebeling, m.d. 236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) (SPECIFY) TOWSON MD 21204 236. NAME OF CEMETERY OR CREMATORY (SPECIFY) TOWN COUNTY STATE	2	26. SIGNATURE	/ 1.	1	1 .	61		DEGREE	1				21	2c. DATE	SIGNED	
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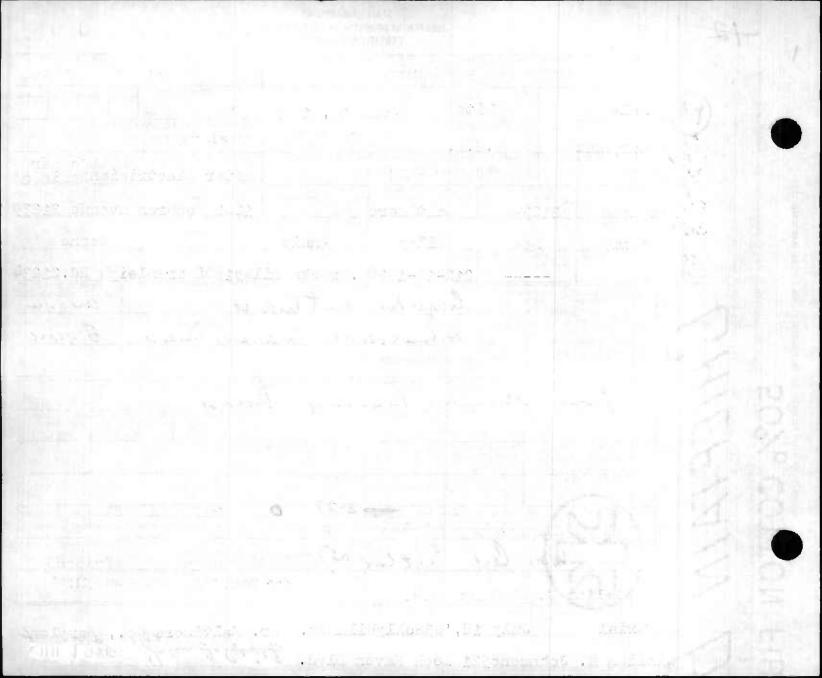
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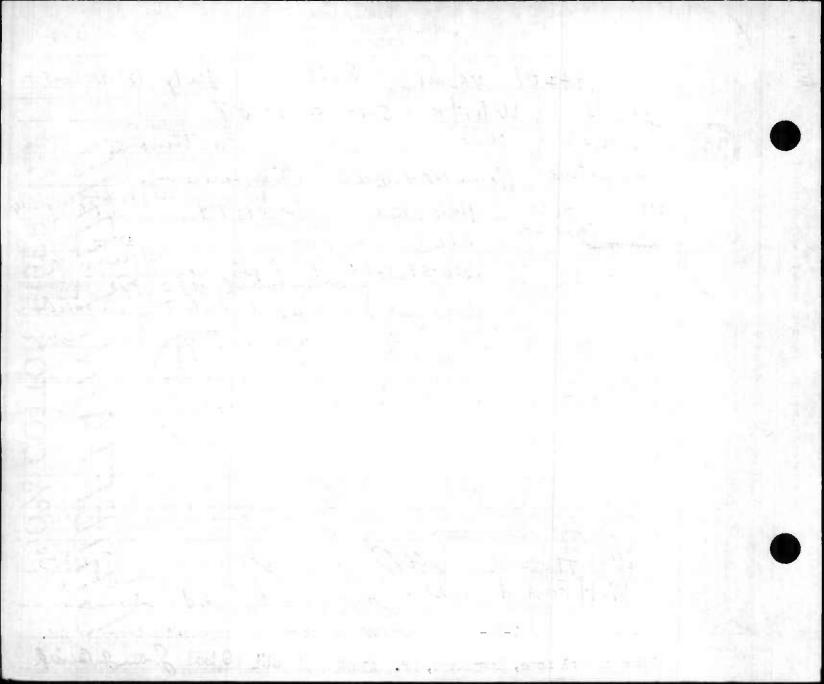
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Female		White		S. DATE C	24, DAY 1933 EAR	6. AGE (IN YEARS LAST BE		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE ORFOREIGN COUNTRY LAND COUNTRY LAND U.S.A.			MARRIED MEVER MARRIED WIDOWED DIVORCED		Baltimore County			MD	
Parkton	ATH		HOSPITAL, NURSIN HEACHITY GIVE STREET Pretty B		m Rd.	120. USUAL OCCUPAT			F BUSINESS OR mick Co.
JAL RESIDENCE (# NU STATE Maryland	13h CQUI Balt	R OTHER INSTITUTION NIY LIMORE	13t. CITY OR TOWN Parkton		13d. INSIDE CITY LIMITS?	1317516 Pres	tty Boy	Dam R	d. 21120
Charles	L€	Roy	Smith		Margaret	ME B ^{MiDDiE}	E	Bond LAST	
WAS DECEASED EVE		RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU 214-30-6		Mr. C.R. Rob	erts, same	e as #]	L3e	
PART I. DEATH	MAS CAUSE IMMEDIA y, which nmediote	TE CAUSE (o) DUE TO, O	R AS A CONSEQUE	NCE OF	multipmene	, b portor		APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
PART 2 OTHER SIG	ATION			OPERATIO	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED

NO YES [ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 MME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY

211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death

226 SIGNATURE DEGREE THE DATESIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

224. PHYSICIAN'S NAME ITYPE OF PRINT)

6 E. Eager St.

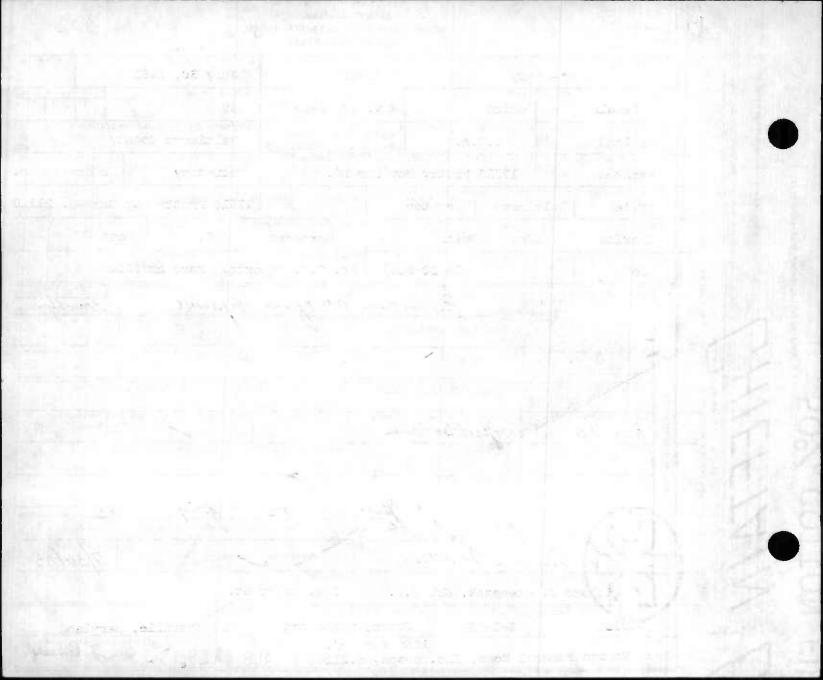
Richard J. Otenasek, Jr. M.D. 23d. LOCATION

23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 8-1-83 Jessop Methodist

Cockeysville, Maryland 25a. DATE REC'D.

24 FUNERAL DIRECTOR 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 4/B2 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE .

1-	FOR STATE REGISTRAR			DEPARTN	AENT OF H	HEALTH AND MENTAL HYG	PENE 3	7 3	0	3
	CEASED NAME	FIRST	٨	AIDDLE	-	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR A.
(TYPE	OR PRINT)	Georg	pe Wash	ington Ro	ommel		7-16-	83		9:15 M
3. SE)	(I. RACE		5 DATE C		& AGE (IN YEARS LAST I	MONTH	IDER 1 YEAR	IF UNDER 24 MRS
/	Male		White		2-2	23-1930 YEAR	53	YRS.		MIN.
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D INEVER MARRIED	9. BALTIMORE CITY		DEATH	
	Balto. (i	ty	4.5	.A.	WIDOW	ED DIVORCED	Balt	imore (or	unty.	MD.
10 CI	Balto.	TH		HOSPITAL, NURSIN HEACILITY, GIVE STREET,	ADDRESS)	ce-21237	120 USUAL OCCUPA LITYPE OF WORK FOR MOST V. P. Sales	OF WORKING LIFE) IN	DUSTRY	rical
130 S	AL RESIDENCE (IF NURS	136. COUN	JY	GIVE RESIDENCE BEFORE 131. CITY OR TOW Batto.		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 9312 Beo		1 2	ributing
14. F.A	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
	Paul F		mel Sr.			No.	ary Betz			
160 V	VAS DECEASED EVER	IN U.S. AR/	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		21237
()	Yes no or unknown)	1/	e war or dates)	215-24-0	0226	Margaret L.	Rommel - 9	1312 Beow	ulf (ircle
N.	Conditions, if ony, gove rise to immacouse Iol, stotin underlying couse	which nediote g the lost.	(b) DUE TO, OF	R AS A CONSEQUE	NCE OF	T NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVEN I		mo
CERTIFICATION	190 DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		
IF.	13 15 17 17						YES NO	YES 🗆)	NO 🗆
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOT WH AT WORK AT WO	CAUSE OF DEA	P./ 21e PLACE (M. MONTH DA M.	AY YEAR 19 ARM, ETC)	21c HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF IN		OR PART 2)	STATE
	22a.1 certify that (1) sow the decease above, (1) (1) 22b. SIGNATURE	(this hospit			10 / 83	DEGREE ATTENDING	MEDICAL ST	date and hour and		
23o E	Seymous Seymous Surial, CREMATION,	r U	CINE/	236. 1	NAME OF (220 ADDRESS	Vort kan Y		Balt	Md 22 737

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician. injury, or other troumotic event, th

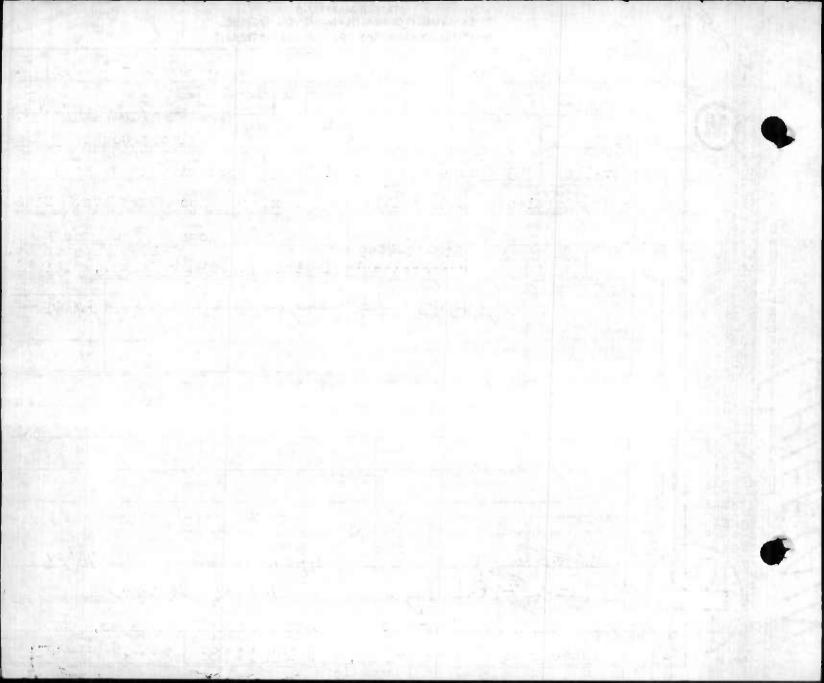
MIPORTANT: If them 21 is morked or them 18 shows ony

Burial 24 FUNERAL DIRECTOR John C. Miller Inc-6415 Belair Road-21206

Gardens of Faith Cem. Balt Road-21206 JUL 191983

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en Walter						
YESSE W	K man city	law o with	edesse was	son from	insinti La dilan	10

STATE OF MARYLAND



FOR

STATE OF MARYLAND

DED ADTACHT OF HEALTH AND MENTAL DVCIENT

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		1
		EASED NAME FIRST	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
	(TIPE O	Doro	thy RO	OTHHAUP	Τ΄Τ	July 4	1983	3:00P
	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UND	ER I YEAR IF UNDER 24 HR
	F	EMALE	W	12	09 1908	74	YRS.	
	7a. BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.		9. BALTIMORE CITY O		ATH
25	NA.	APVLAND	1154	WIDOWE	D NEVER MARRIED DIVORCED	Baltimore	County	
-	10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		The state of the s	12a. USUAL OCCUPATI	ON 12b	KIND OF BUSINESS C
57	BH	ALTIMORE	FRANKLIN	EET ADDRESS)	. HOSPITAL	(TYPE OF WORK FOR MOST O		DUSTRY
	USUAL 13a. ST	ATE 13b. COL			1 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ó	21234
35	MI	ARYLAND BI	7 LTIMORE		YES NO	3032 /2	CALIFOI	ENIA AVE
	14. FAT	HER'S NAME			15. MOTHER'S MAIDEN NA			
30	C	EORGE	MIDDLE LAST	-	EMILIA	WIDDLE	BEI	CGAN
		AS DECEASED EVER IN U.S. A	11001	CURITY NO.	17. INFORMANT	ADDRE		(0),10
1		S. NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES			00.7-11	20-22 1/2	CALIFORNIA
		NO	315-01	1- 9216	DOROTHY SE	e GO / ICK	30300	CHUPOSNIA
		18. CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), SED BY:	and (ci.)				BETWEEN ONSET AND DEAT
		IMMEDIA	ATE CAUSE (Cardio Re:	spirato	ry Arrest			
		4700	DUE TO, OR AS A CONSEC					
		Conditions, if ony, which			e Pneumonia			
		gove rise to immediate			e mediionta			
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC		A F. 23			
			(c) Congesti					
			CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 10
		PART Z. OTHER SIGNIFICANT						
2		19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
1			196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		
8	CERTIFICATION	90 DATE OF OPERATION	216. TIME OF INJURY		N WAS PERFORMED	YES NO	IN CERTIFYING YES	CAUSES OF DEATH?
8	CERTIFICATION	19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		YES NO	IN CERTIFYING YES	CAUSES OF DEATH?
39	CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IN EITHER NOTHY MEDICAL EXAMIN	21b. TIME OF INJURY HOUR A.M. MONTH ER) P.M.			YES NOW	IN CERTIFYING YES RY IN ITEM 18 PART 1 OF	CAUSES OF DEATH? NO RPART 2)
29	MEDICAL CERTIFICATION	9a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (14 EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MILE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 CE, FARM, ETC.)	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING YES RY IN ITEM 18 PART 1 OF	CAUSES OF DEATH?
29	MEDICAL CERTIFICATION	9a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (14 EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MILE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 CE, FARM, ETC.)	211. LOCATION STREET	YES NO RED (ENTER NATURE OF INJU	IN CERTIFYING YES RY IN ITEM 18 PART 1 OF	CAUSES OF DEATH? NO RPART ?) DUNITY STATE
29	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 CE, FARM, ETC.)	211. HOW INJURY OCCURI 211. LOCATION STREET	YES NO RED (ENTER NATURE OF INJU	IN CERTIFYING YES THE TIME THE PART I OF THE TIME THE PART I OF THE TIME THE PART I OF THE TIME THE T	CAUSES OF DEATH? NO DUNITY STATE 33 , that (we) i
29	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 CE, FARM, ETC.)	211. LOCATION STREET	YES NO RED (ENTER NATURE OF INJU	IN CERTIFYING YES THE TIME THE PART I OF THE TIME THE PART I OF THE TIME THE PART I OF THE TIME THE T	CAUSES OF DEATH? NO DUNITY STATE 33 , that (we) i
29	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 CE, FARM, ETC.) June 3	211. HOW INJURY OCCURI 211. LOCATION STREET	YES NO RED (ENTER NATURE OF INJU	IN CERTIFYING YES RY IN ITEM 18 PART 1 01 WN CO ote and hour and to	CAUSES OF DEATH? NO DUNITY STATE 33 , that (we) i
7	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IN EITHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I Certify that I AT WORK saw the deceased olive obove. (1) (we) (did) (3) did	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 CE, FARM, ETC.) June 3	211. LOCATION 211. LOCATION STREET 23 , 19 83 nd that in (Ny) (aur) opinion DEGREE ATTENDING	YES NOW RED (ENTER NATURE OF INJUING CITY OR TO DITY A death occurred on the domestical STAL STAL STAL STAL STAL STAL STAL STAL	IN CERTIFYING YES RY IN ITEM 18 PART I O	CAUSES OF DEATH? NO RPART 2) DUNITY STATE 33 , that (we) lift from the causes stated
7	MEDICAL CERTIFICATION	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (III EITHER NOTHY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIB	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE pitol) ottended the deceosed from 19 11 view the body after death.	DAY YEAR 19 CE, FARM, ETC.) June 3	211. LOCATION STREET 23 19 83 nd that in (Ny) (aur) opinion DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF INJU	IN CERTIFYING YES RY IN ITEM 18 PART I O	CAUSES OF DEATH? NO RPART 2) DUNITY STATE 33 , that (we) lift from the causes stated
7	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D I'M EITHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I Certify that AT WORK SOW the deceased olive obove. () (we) (did) (a) did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE DITOL Office of the deceased from (AT) view the body after death.	DAY YEAR 19 CE, FARM, ETC.) June 3	21c. HOW INJURY OCCURI 211. LOCATION STREET 23 , 19 83 and that in (Ny) (aur) opinion of the company of the co	YES NOW RED (ENTER NATURE OF INJUING A CHITY OR TO LITY OR LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR	IN CERTIFYING YES RY IN ITEM 18 PART 1 0 0 WN CO pote and hour and 12 FF LIAN 2	CAUSES OF DEATH? NO RPART 2) DUNITY STATE 33 , that (we) lift from the causes stated
7	MEDICAL CERTIFICATION	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (III EITHER NOTHY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIB	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE DITOL Office of the deceased from (AT) view the body after death.	DAY YEAR 19 CE, FARM, ETC.) June 3	211. LOCATION STREET 23 , 19 83 and that in (Ny) (aur) opinion DEGREE ATTENDING PHYSICIAN	YES NOW RED (ENTER NATURE OF INJUING A CHITY OR TO LITY OR LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR TO LITY OR	IN CERTIFYING YES RY IN ITEM 18 PART 1 0 0 WN CO pote and hour and 12 FF LIAN 2	CAUSES OF DEATH? NO RPART 2) DUNITY STATE 33 , that (we) lift from the causes stated
39	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D I'M EITHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I Certify that AT WORK SOW the deceased olive obove. () (we) (did) (a) did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE TO JULY 19 10 The name of the deceased from 19 10 The M.D. 10 The M.D. 11 The M.D. 12 The Time of Injury (AT HOME STREET, FACTORY, OFFICE (B) 12 The M.D. 13 The M.D. 14 The Time of Injury (B) 15 The M.D. 16 The M.D. 17 The M.D.	DAY YEAR 19 CE, FARM, ETC) June 83 , or	211. LOCATION STREET 23 , 19 83 Ind that in (Ny) (our) opinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS 9000 Frankli EMETERY OR CREMATORY	YES NOW RED (ENTER NATURE OF INJUING A TO STATE OF INJUING A TO ST	IN CERTIFYING YES RY IN ITEM 18 PART 1 0 0 WN CO tote and hour and to FF IAN 2	CAUSES OF DEATH? NO

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

1527 HARFORD

250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

The same and the same as the s The state of the s The sea of the security of the second the the wast thrown will a less for a colonial

rest director, page 3

nermust be notified by once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and competity filled should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 thould law with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows gary injury, or other traumatic event, the medical examiner must

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed tensined by the haspital or attending physician.

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

pe may

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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1-	FOR STATE REGISTRAR	DEPA	CERTIFICATE OF I		REG. NO.	, 500	
	CEASED NAME FIRST	MIDDLE	LAST	445-4	20. DATE OF DEATH	ONTH DAY YEAR	1993
(117/2	PHI	LIP S	RUDIGIER	1444		7 3 83	TAM
3. SE)	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	HOURS MIN.
	MALE	WHITE	4 17	97	76	YRS.	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED NEVER	MARRIED -	9. BALTIMORE CITY OR	COUNTY OF DEATH	
	MARYLAND	USA	WIDOWED D	VORCED	COUNTY	1400	MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	REET ADDRESS)	TITUTION	120 USUAL OCCUPATION	VORKING LIFE) 126 KIND OF	BUSINESSOR
	TOWSON MD	ST JOSEPH	15 HOSPITAL		KE IREP	4116	LNS
13 ₀ . S	AL RESIDENCE (IF NURSING HOME STATE 136 COL MD TOW		OWN 13d INSIDE C	NO 🔀	130 STREET ADDRESS 9911 HARI	FORD ROAD	71204
	ATHER'S NAME	PMIDDLE LAST UDIG 1/2/R	CA	MAIDENNA	MIDOLE	LAST LAST	
16a. V		ARMED FORCES? 166 SOCIALS GIVE WAR OR DATES) W 1 215 05		FAMI	Ly RELORD	5 APPROXIM	
CERTIFICATION	Conditions, if any, which gove rise to immediate cause tol, stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING			20s AUTOP5Y?	TION GIVEN IN PART TO	GS USED
T.					YES NO	YES 🗌	NO []
	THE ACCIDENT WAS UNDERLYING OR CONTRIBUTING COLOR OF I	DEATH HOUR A.M. MONTH		NJURY OCCUR	RED (ENITER HATURE OF PHILIPP	HOTEM IS PART I CREART 21	
MEDICAL	THE INJURY OCCURRED WHILE IN STANDED AT WORK	21s. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	THE LOCATI	ON	CITI DE 10WI	county	STATE
	22x1 certify that (i) (then be	pmall attended the decement of from	and that in (my	ATTENDING	death occurred on the date	n and how and from the c	TO AND DESIGNATION OF THE PARTY
	220 PHYSICIAN'S NAME (14P	6' DOHNELL	220 ADDRE	SS JORI	R RU		183
	BURIAL, CREMATION, REMOV. (SPECIAL)	23b. DATE 7-4-83	236 NAME OF CEMETERY OR	elley 14	23d. UCATION CHYORIDWN AN CLEYOLOGICAL PARTY	WILE COUNTY BOY	to the
24. F	EUNERAL DIRECTOR	Chapil 88000	refere 80	250, DA	TE REC'D. BY REGISTRA/R 2	The Q. C.	JKE A

\$30, 50, men and a large limit of the part E SOLED RELATIONS

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

STATE OF MARYLAND

I DEC	FOR STATE REGISTRAR	DEPAR						
I DEC			TMENT OF HEALTH AP	ID MENTAL HYGIEN	E 3 /	80/		
{TYPE C			CERTIFICATE O	F DEATH	REG. NO.			
	CEASED NAME FIRST	WIDDLE	LAST	20	DATE OF DEATH MONTH	DAY YEAR 26. HC		
3. SEX	RAYMON	ID T	SANDERS	SR.	07	27 83 5:1		
3. DEV		14. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UND		
		1. RACE	MONTH DA	2 21		MONTHS DAYS HOURS		
	MALE	white.		-	62 YRS			
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEV	ER MARRIED 7	BALTIMORE CITY OR COUN	TY OF DEATH		
	md.	U.S.A.	WIDOWED	DIVORCED [BALTIMORE	COUNTY		
10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER	TUTION 12	E USUAL OCCUPATION YPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSIN		
TO	OWSON			REET	Draftsman	AAI		
USU AI		OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)			OLAGI		
130. 31	TATE Md. 136 GOL		SVILLE YES	E CITY LIMITS? 13	STREET ADDRESS	CO PAND-		
14. FA1	THER'S NAME	THE CONTRACT		ER'S MAIDEN NAME	a Renega	SEE COOK		
	ma	MIDDLE SANJ	200	FIRST	WIDDIE	Q. I TAST		
16 n \A/	AS DECEASED EVER IN U.S. A		CURITY NO. 17. INFOR	MANIE	ADDRESS	DONIER		
	ES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		116	1 1 1	2		
	yes wi	DU 31903	4223 150	OE SHIE	ders - Cock	ceys VI (16, 1		
		only one couse per line for (o), (b),				BETWEEN ONSET AN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RUPTURED ABDOMINAL AORT IC ANEURYSM							
	4413							
	Conditions, if any, which	DUE TO, OR AS A CONSEC	QUENCE OF					
	gave rise to immediate	(b)						
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF					
		(c)						
		CONDITIONS CONTRIBUTING TO		TED TO THE TERMINA	AL DISEASE OR CONDITION (GIVEN IN PART TIO		
<u> </u>	GANGRENE							
O	190 DATE OF OPERATION	A RUPTURE WHI	ARD OWN WELL	AORTIC A		YES, WERE FINDINGS US TIFYING CAUSES OF DE		
	7-25-83,7-26	-43 GANGRENE		SIGMOID	YES NO NO	YES NO		
l E	210 ACCIDENT WAS UNDERLYING	10. TIME OF INJURY	216. HOV	V INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2]		
CERTIFICATION		EATH HOUR A.M. MONTH						
	OR CONTRIBUTING CAUSE OF D	SD) P AA						
	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED	21e PLACE OF INJURY	19 21f. LOC.			COUNTY		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE		21f. LOC	ATION REET	CITY OR TOWN	COUNTY		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	21f. EOC.	REET	CITY OR TOWN	83		
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DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR

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a. 11 11 ab assisted to the May Commission of the Commissi LEAN CHARLES STREET ZHARLES ARE Mil Carleman Carrysville - & Herrine Gracks Yes wast in an as 1983 Inches Frieders . Carrow smiller likely TENTOLIA ULTA LA LANTECOSIA CHASESUS Hamal 24 1 22 - The said State 7-1-13,7-1-1-15,7-1-1-15,7-1-15,7-1-15,7-1-15,7-1-15,7-1-15,7-1-15,7-1-15,7-1-15,7-1-15,7-1-15,7-1-15,7-1-15,7 72-7 - 1 - 7 S. H. GREHAR, TO THE STATE OF LIGHT OF LIGHT OF THE STATE HAR Wind " he had been no William to Start - Seen 11th

ate be executed within 24 hour after digit. Page 4 - a	pers. Pages 1 and 2 should be find an execution of should be find an execution of the devolution of th	t, the medical andmine (must be multiple and and
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour after death. Fage 4 maj retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the vertal permit. Then please remove carbonpopers. Pages 1 and 2 should be find reference on the Single Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.	IMPORTANT: If them 21 is marked or them 18 shows ony injury, ar other troumotic event, the medical and mine (must be not the an analysis)

	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH	3
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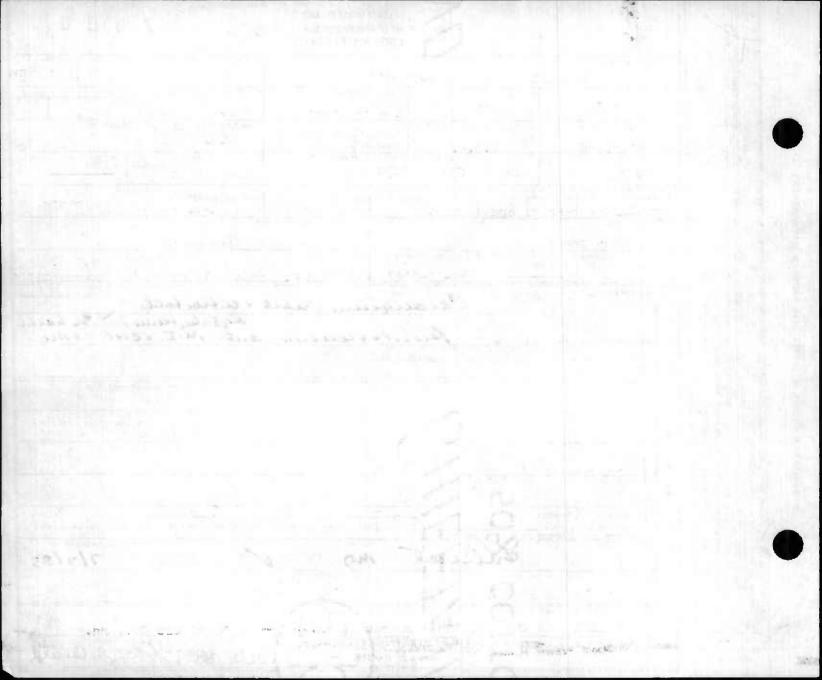
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Ì		CEASED NAME FIRST OR PRINT) The 1	ma I	MIDDLE Sai	nder	AST.	26. DATE OF DEATH	7-6	5-83	26 HOUR 11:55pm
	3. SE)	Female	4 RACE Whit	e	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TY MONTHS DA			IF UNDER 24 HRS
5	7a. B1	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		S.A.	8	D Never Married	9 BALTIMORE CITY 9 BALTIM	_		MD.
8		OWSON		HOSPITAL, NURSIN		PAL	120 USUAL OCCUPATION OF MOST HOME MAKE		(FE) 126 KIND C	OF BUSINESS OR
5	13a S Ma		or other institution of the control	13c. CITY OR TOW Overlea	ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	nick A	venue	21206
0		THER'S NAME FIRST Anthony Gross VAS DECEASED EVER IN U.S.		LAST	IRITY NO.	15. MOTHER'S MAIDEN NA FIRST Florence	MIDDLE	FCC	LAS	
			GIVE WAR OR DATES)	216-12-2	143	William J. S	Sanders 13 M			
	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, (c) DUT CONDITIONS		ENCE OF	NOT RELATED TO THE TER/		VDITION GI	VEN IN PART 1	· mo.
2	CERTIFICATION	190. DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOTE	IN CERT	ES, WERE FINDI IFYING CAUSES ES []	
1		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR	P.M.	AY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, I	ARM ETC)	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (IX(this h saw the deceased alive above, 4) (we) (did) this 22b. SIGN ATURE	on view the boo	10	03.0	nd that in (My) (our) opinion DEGREE ATTENDING PHYSICIAN	4	AFF	224 DATE	
1		224 PHYSICIAN'S NAME (T		LT, MD		7620 you	rk rd Balt	imor	e md	
	(BURIAL, CREMATION, REMOTE BURIAL	/AL 236 DATE July	9, 1983 G		S of Faith Co			county	STATE
	24 FU	UNERAL DIRECTOR NAME DIPPE! FUN	eral Homes,		7110 B	elair Road	JUL 8 - 1983	256 856515	and	Conich

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DHMH - 16 50M 4/82 (VRA 15, 4)

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24 FUNERAL DIRECTOR

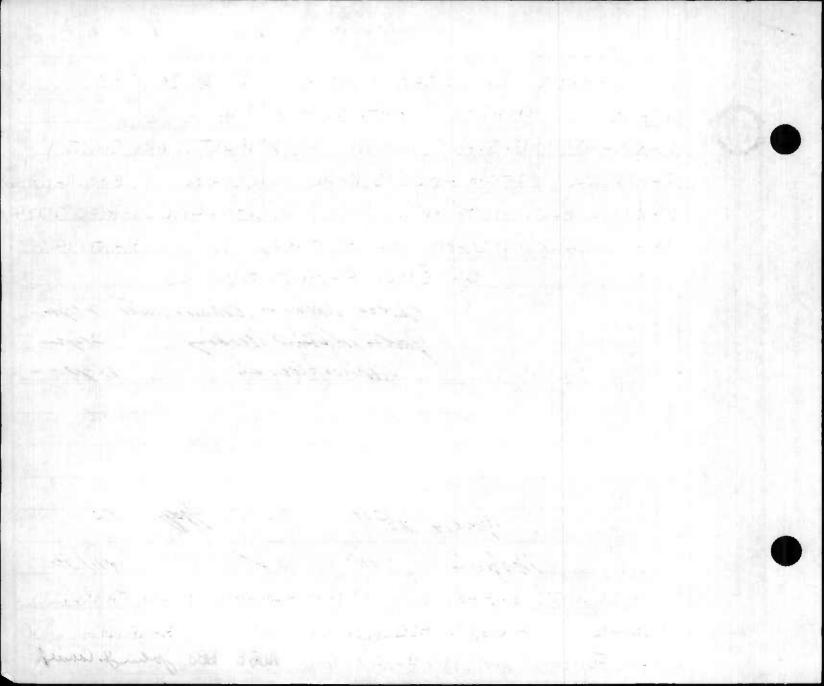
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE 3 CERTIFICATE OF DEATH

BY REGISTRAR 25h RE

- STATE REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 25 HOUR TYPE OR PRINTI 4 RACE 3. SEX 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS YRS To. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION 130, STATE 13b, COUNTY 13e STREET ADDRESS NO V 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS EXES NO OR UNKNOWN I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause to', stoting the DUE TO, OR AS A CONSEQUENCE O underlying couse fost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE 22a 1 certify that (1) (this haspital) attended the deceased from saw the deceased olive on _______above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the site and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE

DHMH - 16 50M 1/81

(VRA 15, 4)



		FOR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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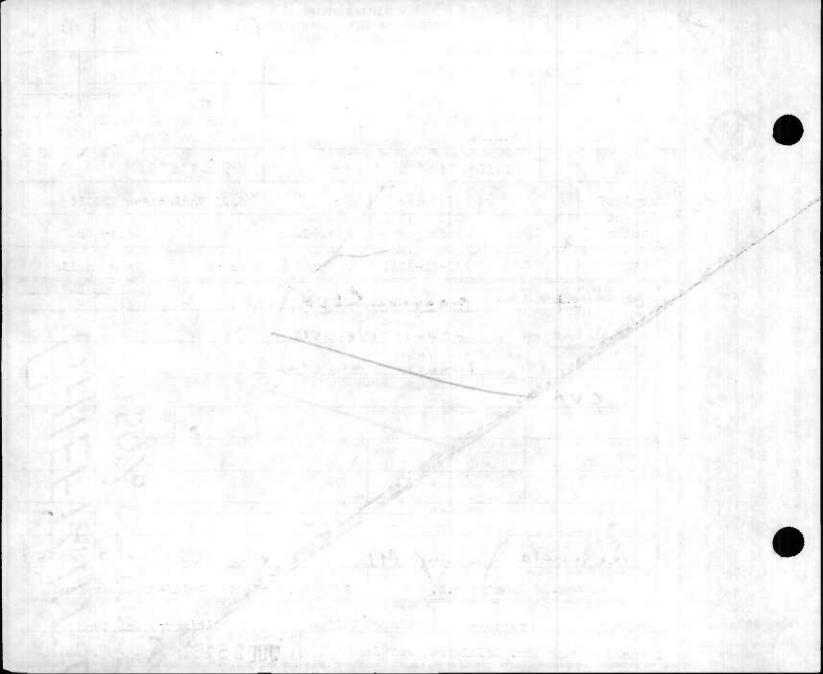
		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	,				
		CEASED NAME ORPRINT)	Charle		Pauline		Schaefer		16, 1	MONTH	DAY	YEAR	26. HOL	JR M
1	3. SEX	Female		4 RACE White		Aug .	DF BIRTH 9, 1895 YEAR		YEARS LAST BIRT	YRS		DATS.	IF UNDER	
2		RTHPLACE (STATE	OR FOREIGN	U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE	DE DIVORCED	1 1	ore city of			TH		MD.
1		TY OR TOWN OF D TOWSON	DEATH		HOSPITAL, NURSIN HEACHTY, GIVE STREET LEY VIEW		or other institution		OCCUPATION OCCUPATION SEWIFE		12b. K INDU	IND OF	F BUSINI	ESS OR
5	13a. S	L RESIDENCE (* N TATE laryland	136 COUN		GIVE RESIDENCE BEFOR		138 INSIDE CITY LIMITS?	130 538	3 Hami	et A	ve 2	2121	14	
1	14 FA	Peter		WIDDLE	Stein		Caroline	AME	WIDDLE	Y S	Blome	eier		
2		AS DECEASED EV		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 215-22-		Mr Frank J	Schaef	ADDRE:		Same	as	:13e	
	NC	Conditions, if a gave rise to cause (a), sto underlying co	immediate ating the use last.	(b) DUE TO, OI (c)	RAS A CONSEOU DIG DE	ENCE OF	Melly tus	MINAL DISEAS	SE OR CONE)ITION GI	IVEN IN PA	ART 1(a	1	
2	CERTIFICATION	190 DATE OF OPE	RATION	196. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT	OPSY?	IN CERTI	ES, WERE I			TH?
7	MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEA	21b. TIME O HOUR A	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR		ATURE OF INJUR	1		LRT 2)		
	MED	21d. INJURY OCCI	WHILE WORK	210. PLACE (OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC }	211 LOCATION STREET		CITY OF TOV	VN	COUP	414	5	STATE
				al) attended the	e deceased fram_ 19_ alter death	, or	, 19			ite and ha	220	DATE S	SIGNED	ated
1		22d PHYSICIAN'S		Jandor	of M.D.	F72	PHYSICIAN 720 ADDRESS 7403 Harfo	MEDICAL DIRECTOR			e, Ma		land	63
		URIAL, CREMATIO	N, REMOVAL	236. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY		ATION OR TOWN		COUNTY			STATE

Dulaney Valley

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

Baltimore, Maryland
By registrar 256 pp istrar's signature



	PE OR PRINT)	FIRST A	SCHAFF	MIDDLE	LA	451	20. DATE OF DEATH	MONTH DA	VEAR	26 HOUR
3. S			. RACE	LK	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI		/83	4:09P
	Female		Whi	te	нтиом	DAY YEAR	86		DATE DATE	HOURS MIN.
70.	BIRTHPLACE ISTATE OF	FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	1. BALTIMORE CITY		OF DEATH	
2 1	dissouri		U.	S.A.	WIDOWE		BALT	IMORE	COUN	TY M
6	TOWSON		6707 N	L. CHARL	ES ST	ROTHER INSTITUTION GBMC	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST (Housewif	OF WORKING LIFE)	126. KIND (INDUSTRY	OF BUSINESS OF
5 US	JAL RESIDENCE (IF NUI	136. COUN	TY	13c. CITY OR TOW Baltime	'N 1	136. INSIDE CITY LIMITS?	13e STREET ADDRESS		- • •	
14.1	Maryland ATHER'S NAME	Bal	timore		01 6	YES A STATE OF THE	7121 Chamb	ers Rd	. Balt	o.MD.21
a	Jess	^	NODLE	Pavev	di ci	Georgia	MIDDLE		Ho	ebb
160	WAS DECEASED EVE			16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS MD.	2123	
	(YES, NO OR UNKNOWN)	I IF YES, GIVE	WAR OR DATES)	218-26-	1778	Joseph W. Sc	chaffer.3020			
	PART I. DEATH	TH (Enter onl	y ane cause per	r line far (a), (b), an	dic.i					MATE INTERVAL ONSET AND DEATH
	PART I. DEATH			MASSIVE	CVA				4DA	YS
	11297	IMMEDIATE	CAUSE (d)							10
	4292	IMMEDIATE				OTIC CARRI	O MASCHIE	D D 1 C		
	Canditions, if any gave rise to im	y, which				ROTIC CARDI	O VASCULE	R DISI		
		y, which nmediate ing the	DUE TO, O		SCLEF	ROTIC CARDI	O VASCULE	R DISI		
	gave rise to im cause (a), stati underlying cous	y, which imediate ing the e last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUI	ENCE OF SCLEF	ROT IC CARD I			ASE	
NOI	gave rise to im cause (a), stati underlying cous	y, which imediate ing the e last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUI	ENCE OF SCLEF				ASE	
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アグ DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 2120 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD PEN DING!" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF EDICAL EXAMINER ALONG WITH FORM PM 3 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE ULIED 5 A BURIAL TRANSIT PERMIT PAGES 1 AND 2 AFTER DEATH, WITH THE STATE DEPARTMENT OF THE THAND MENTAL HYGIENE. DIVISION OF WALL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. 0 14 NON

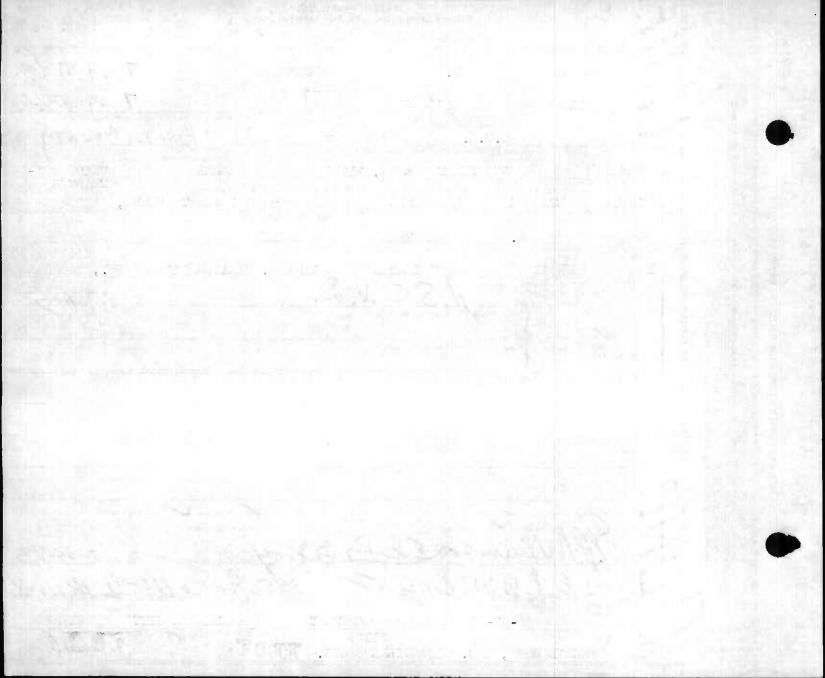
DHMH - 17 (VR A15 ME (5))

15M7/76

FOR = STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	42	375	12
1		8	2
REC	G NO.		

4	RE	GISTRAR		WEI	DICAL	EXAMIN	ER'S	CERTIFIC	CATEO	FDEA	TH REG.	NO.	100	
1		ASED NAME	E FIRST		MIDDLE			LAST			20. DATE KNOWN	MONTH	DAY YEAR	76 HOUR
- 1	(TYPE C	OR PRINT)	ADAM		V.			SCHA	AFFNEI	2	OF ESTI-	0 7	10,08%	10
13	SEX		4 RACE	S DATE OF BIRTH		& AGE (IN YE		DER 1 YR.	IF UNDER		2c DATE	MONTH	DA YEAR	71. NOUN
	MA	LE	WHITE	08 28	19	63 YE		HS DAYS	HOURS	MIN	PRONOUNCED DEAD	8	29 1982	60
J		HPLACE GN COUNTRY)	IATE OR	76 CITIZEN OF WH	HAT COUN	ITRY?	8	IED NEV	ED AA A DDIE	n []	9. BALTIMORE CITY	OR COUN	TY OF DEATH	1
4		RYLANI	D	U.S.A			WIDOW		DIVORCE	4400	15A4	70.1	DOUNT	4 MD.
\bigcirc	0. CITY	OR TOWN	OF DEATH	11. NAME OF HOS			OR OTH	HER INSTITUT	10N		JAL OCCUPATION (T	YPE OF WORK	0R INDUST	SPESS.
1		NSDOW				AVENUE		.227 .		W.	ELDER		UNION C	
	JSUAL 30. STA		1136 COUN	OR OTHER INSTITUTION, GIV		OR TOWN	DN)	113d. INSIDE CI	TY LIMITS?	13e STR	EET ADDRESS		TRACTOR	
5	MA	RYLANI	D BALTI	MORE	LAN	SDOWNE		YES 🗆	NO X		3 FIRST AV	ENUE,	21227	
20	4. FAT	HER'S NAME FIRST		MIDDLE		LAST		15. MOTHE	R'S MAIDE	N NAME	MIDDLE		LAST	
4		ADAM		Α,		HAFFNER			DELINE	E			GURNEY	
		NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURITY	/ NO.	17 INFORM	IANT		ADDRE	SS	21122	
		YES	WW I	II	UNA	VAILABI	E	EST	HER V	GR	EAVER 222	OAK D		
	1		F DEATH (Enter on	ly one couse per line	far for, (b	Cours (c)	1/	2					APPROXIMATI	INTERVAL AND DEATH
		45		TE CAUSE (o)	The	2, _	,V,	0,					90.14	5_
		Candition	ns, if any, which	DUE TO, OR	AS A CON	NSEQUENCE (OF .						/	
		gave ris	se to immediate				10				marria i			
		lying cou	stoting the under-	DUE TO, OR	AS A CON	NSEQUENCE (OF .						To the same of	
		7		(c)										
		ART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT REL	ATEO TO THE TERM	INAL OISEAS	E OR CONDITION	GIVEN IN PAR	T 1 (a)				
au	O L									11.8				
11	3	90 DATE OF	OPERATION	196. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20. AUTOPSY	2
М	CERTIFICATION				0.070							26 (27)	YES 🗌	NO 🗌
2		10 EXTERNA	AL CAUSE WAS	11b. TIME OF HOUR A.M		DAY YEAR		OW INJURY	OCCURRED	DIENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PA	ART 2)	
2	CAL		NG CAUSE OF			19								
	634	NHILE -		21e PLACE C				CATION			CITY OR TOWN	CC	DUNIY	STATE
	~	AT WORK	AT WORK	3										
		220 certi	fy the Took chore	ge of the remains des	cribed obo	ove, held an	Autop	sy []	Inspection	2	Inquiry	and in my o	pinion	
		death resulti	Struck Batus	rol causes	Accident	Su. Su	icide	Homic	ide .	Undet	ermined monner],		
	31		WM.	1.	2 .	1.	2	DILE (SE	WDvi					-4.
		CTUAL JGNATURE	MILIE	chami	ton	en	1	4 de	1076	MED	ICAL EXAMINER	DATE	FD 7-29-	-83
K		2001/00-2	10	0 . (2 10		1	_ /	/		1	31011		,
4		XAMINER'S TYPE OR PRI		8. [N :1]	ipa	nSon	14	ADDRESS_	555	01	5A470 N	AT	1 8/2	1218
	30. BUR	CIFY)	TION, REMOVAL	36. DATE	23ε.	NAME OF CEA	METERY C	R CREMATO	RY	23d. LC	OCATION OR TOWN	cou	INTY ST	ATE
	В	URIAL		08-03-83	P	ARKWOOL					ALTIMORE C	ITY	MARYLA	ND
		VERAL DIRECT	TOR	ADDRESS		2	21229)	250. DATE R	EC'D. BY	REGISTRAR 25 RE	GISTRAK	A TOTAL	t
	HU	BBARD	FUNERAL	HOME, INC	. 41	07 WILL	KENS	AVE.	AUG	UI	198	1	- wanty	



this certificate has been signed by the attending physician and completely an entire form. Then prove carbon papers. Pages 1 and 2 should be seen to be se

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician injury, a other traumatic event, the medical

all cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY DENE

-	7	8	3
8		0	4

	3.4	REGISTRAR		CERTIFICA	IE UP DEATH	REG	NO.		
	1. DEC	EASED NAME FIRST	WIOOFE	LAST	,	20. DATE OF DEATH		YEAR	26 HOUR
	1	FLAVIA	(MIRTHA) F.	SCHEINI	NE	1111.Y	211	903	M
	3. SEX		4 RACE	5 DATE OF BIR	TH	6 AGE (IN THURS LAS		UNDER I YEAR	IF UNDER 24 HR
		F	W	OCT,	7 1900	82	YRS.	NIHS DAYS	HOURS MIN.
Q	o BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED M	NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY O	FDEATH	
1	1	10	USA	WIDOWED [DIVORCED [BALT	0 CO	UNT	MD.
	IB. CIT	TOWN OF DEATH	11. NAME OF HOSPITAL, I	F STREET ADDRESS	HER INSTITUTION	120 USUAL OCCUP		126. KIND OF	F BUSINESS OR
1	151	41-10	1649 NORTH	BEND K	V	HOUSE	VIFE	II VOOSTRY	
1	Ilin 5	L RESIDENCE (IF NURSING HOM	ALTO CATO		INSIDE CITY LIMITS?	130 STREET ADDRESS	RTH 136	END 19	200
	IL FA	THER'S NAME	MIODIE 12	15. A	AOTHER'S MAIDEN NA		1		
1	M	ARTIN	KAY511	GER	ELIZA	BETH	WILL	-IAN	15
	16a W	AS DECEASED EVER IN U.S.	GIVE WAR OR DATES)		NFORMANT	ADI	ORESS 64	49	. 11
		40 -	3/2.1	19.5843 W	ILLININ A, S.	CLEININI	5 NORT	L BEI	YD RD.
		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAI	only one couse per line	(b) and (c)	a	- 1	. 0	BETWEEN	MATE INTERVAL
			DIATE CAUSE (b)	rollo p	esperau	224 10	ellere		
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		Conditions, if ony, which	(b) (10)	vanced	smelow	20011XC	riture		
		gove rise to immediate	DUE TO, OR AS ACON	SEQUENCE OF	1		. 1 1-		
n	1	underlying couse lost	(c) Color	cheral 1	ascular	- Mcc	Ldent		
	,	PART 2 OTHER STOPPICAN	IT CONDITIONS CONTRIBUTIN	O TO DEATHWELL NOT	RELATED TO THE TERM	INAL DISEASE OR CO	NOTION GIVEN	IN PART To	
_	5	Hene	ralized	ariero	sciences	w			
J	CERTIFICATION	IN DATE OF DIRRATION	ONDITION FOR	WHICH OPERATION WA	SPERFORMED	20s. AUFOPSY?	20b. IF YES, V IBACERTIFYIA	FRE FINDING	GS-USED OF DEATH?
	1					Y65 NO	YES [NO 🗆
r		THE ACCREMENTING CAUSE OF	from the state of	H DAY YEAR THE	HOW INJURY OCCURR	VED ELECTION OF A	OURY IN TIES IS NAME	(DEFREIS)	
	CA	LE EIGHER, NOTEY MÉDICAL EXAM		19					
	MEDICAL	ZIM INJURY OCCURRED	THE PLACE OF INJURY		LOCATION	CITY DA	hawn	DOWN	stell.
		WHILE D NOT WHILE D		ada	00	200	00	00	
			spitulingstanded the afceased	111111	10.80	102/1	My 19.		hat (II (we) last
		sow the decement alive above, (1) (we) (did) (did	not view this body after death.	-1985 and the	t in (my) (our) opinion (death accurated on the	date on hour o	nd from the c	cours stated
П		22h SIGNATURE	1 0	DEFI		THE RESERVE	1	The DATES	HENED /
		Mulliam	1. Drus	on m.	ATTENDING PHYSICIAN	DIRECTOR PHY		280	July 8
		THE WEST DOOR NAME IN	The month	ny	ADDRESS	7	1000		1
		WILLIAM	U. KKY-	SON	WEST	VIEW	MALL		0
		URIAL, CREMATION, REMOV	AL 236 DATE	23c NAME OF CEMET		23d LOCATION		OUNTY	A PASTATE

BP.

should be detoched for use or IMPOSTANT, If hem 21 n m

TO FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

SURIAL 24 FUNERAL DIRECTOR FUNERAL HOME EDITIONDSON

250 DATE REC D BY REGISTRAD REGISTRAD'S SIGNATURE

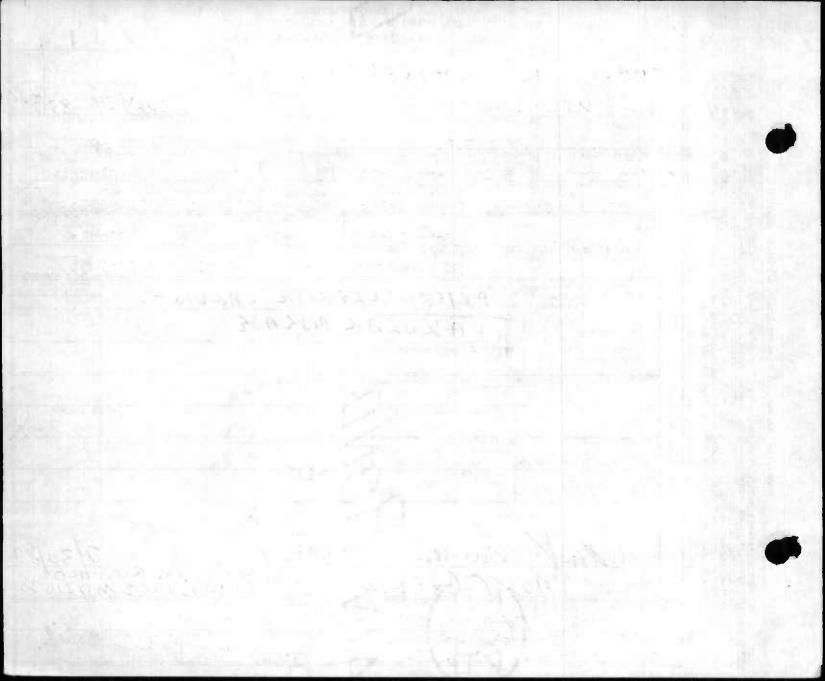
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DHMH - 17 (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AFDICAL EXAMINED'S CERTIFICATE OF DEATH

		STATE REGISTRAR		MEI	DICAL EXAMI	NER'S	CERTIFICA	ATE OF	DEATH	REG. NO.	7	3	14	
		CEASED NAME	FIRST		WIDDLE	11 11 11	LAST		2a DATE OF	KNOWN -	MONTH	DAY	YEAR 76	HOUR
1			Char:	les F	Robert		Schepl	eng		MATED		19		-
И	3. SEX	4	RACE	S. DATE OF BIRTH	6. AGE (IN	YEARS IF UT		UNDER 24			HINOM	DAY	1.4	HOU
		Male	White	10-25-	-1934 48	YRS.	ns OATS F	MI	DEAD	JUL	1/2	7 1	98511	-32 N
걾		RTHPLACE (STA	TE OR	76. CITIZEN OF WE	HAT COUNTRY?	8 MARR	IED NEVE	RMARRIED	9 BALTIM	ORE CITY OR	COUNTY	OF DE	ATH	
	1	Mc		II.S	5.A.	WIDOV		DIVORCED		altimo		Cour		ME
1	III. CI	TY OR TOWN O	F DEATH		PITAL, NURSING HO		IER INSTITUTIO	DN 12	FOR MOST OF WOR		F WORK		OF BUSINI	:55
1		Thite M			Marsh M				Buyer		d1	Loth	ning	
10	U UA . S1		F IN NURSING HOME OF 13b. COUNT		13c, CITY OR TOWN		13d, INSIDE CITY	LIMITS? 130	STREET ADDRE	SS			Sto	re
Z	100	Md.	Balt	timore	Upper Fa	lls	YES 🗌			rankl	invi	111	e Rd.	91
-	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'	S MAIDEN N	NAME	IDDLE		LA	21156	
1		Ch	arles	Δ	Scheple			Telen			Cie	esla	ak	
		VAS DECEASED		VAR OR DATES)	166 SOCIAL SECUP		17 INFORMA			ADDRESS		9	same	
1	n	10			216-32-	0111	Marga	ret	Scheple	eng (w	ife)		dres	-
		18 CAUSE OF	DEATH (Enter only	one cause per line	far (a), (b), and (c).)	Cel	107					APPR	OXIMATE INTE	RVAL
		4		E CAUSE (a)	REJERZIO	SCY	2001	16 (CARP	10 -				
		702	~	DUE TO, OR	AS A CONSEQUENCE	FOER	DIJ.	205	9					
		gave rise	i, if any, which to immediate	(b)	ITICUF	- / 5 1 -				SITSA				
		cause (a) s lying cause	tating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENC	E OF								
				(c)										
	z	PART 2 DTHER SIGI	NIFICANT CONDITIONS C	DATRIBUTING TO DEATH	RUT NOT RELATED TO THE TO	ERMINAL DISEAS	E DR CONDITION G	IVEN IN PART 1	ia).					
4	CERTIFICATION	19a DATE OF C	OPERATION	119h CONDI	TION FOR WHICH OP	ERATION W	/AS PERFORME	D?				70. ALI	TOPSY?	
4	IFIC,												s D N	V
H	ERT	21a EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY	21c H	OW INJURY O	CCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	T I OR PART		3 140	A
	ALC	UNDERLYING	OR G CAUSE OF D		MONTH DAY YE	AR								
	MEDICAL	ZId INJURY OF		21e PLACE C	OF INJURY (AT HOME,		CATION				_	-		
	M	WHILE AT WORK	NOT WHILE	STREET, FACT	TORY, FARM, ETC.)		STREET		CITY OR TO	WN	COUN	ITY		STATE
								1	1					
					cribed above, held or			nspection	, Inquiry		n my opir	Han		
		death resulted	d from: Noture	ol couses	Accident	Suicide	, Hamicidi	e [Indetermined mo	inner,			1 1	
		ACTUAL	Mark.	Mu	un		1)50	UTY			DATE	71	30%	13
		SIGNATURE	0.0		1 0	^	I.D. P 91	211	MEDICAL EXAM	RAIT	SIGNED	ita	2010	_
1		EXAMINER'S N	IAME	ULF	GUER	IN	ADDRESS	211	COCKEY	SVILC	EN	10	2/03	6
	23a. Bl	JRIAL, CREMATI	ON, REMOVAL 23	b DATE	23c. NAME OF C	EMETERY C		Y 2	3d LOCATION		COUNT	,	****	
	(5	Bui	cial	8/1/83	BelAir	Mem	orial	Gard		alto.	COUNT	j	Md.	
	24 FL	SCHIM	shek Fu	neral	Ome, Inc.		250	DATE REC	D. BY REGISTRA	R 250 REGIST	RAR'S SK	SHATUI	ELLA	
					to. Md. 2		1	CAUG 9	4083	Jaca	~0~			



ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician.

death. Page 4 may be

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	GIENE 3	17	8	15	
	CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
(TYPE	OR PRINT)	Joseph		Frank	Schi	ndler	July 27, 1	983		1:20 A	
3. SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		NDER 1 YEAR		
	Male		White		Ju]		71	YRS.	THS DAYS	HOURS MIN.	
	RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF			
	Maryla	nd	U.S.	A.	WIDOWE	_	Baltimo	re Coun	ty	MD.	
10 CI	TY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		26. KIND C	OF BUSINESS OR	
	Towson		St.	Joseph He	ospita	al	Enginee	r	Railr	oad	
13a. S	AL RESIDENCE (IF NUR STATE aryland	136 COUN		GIVE RESIDENCE BEFOR	VN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 2116 Pot	Comina	DA	21003	
	THER'S NAME	Dare		T MITOITI		15. MOTHER'S MAIDEN NA		Spring	Ru.	, 21075	
	ctor		Hugo	Schin	ndler	Mary	MIDDLE		Sch	brtle	
	VAS DECEASED EVER			166. SOCIAL SECU	URITY NO.	17. INFORMANT	ADDRE	SS			
	YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	213-05-	5865	Mrs. Eller	D. Schindl	er.211	6 Pot	t Spring	
		TH (Enter on	ly ane cause pe			Rd., 21093	2,00			IMATE INTERVAL ONSET AND DEATH	
	18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAPR D 10 MC S					PIRATORY	ARRES	7			
l. I	1539 DUE TO OD AS A CONSEQUENCE OF										
	Conditions, if any, which (1) METASTATIC WLON						CARCINOMA				
	gave rise to immediate cause (a), stating the underlying cause lost.									S. W.	
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
CERTIFICATION	19a DATE OF OPERATION 19b COND			TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	206. IF YES, W			
IFIC		172 5412 51 51 51 51 51 51 51 51 51 51 51 51 51					YES D NOW	YES NOW YES N		USES OF DEATH?	
CERT	21a. ACCIDENT WAS UN	DERLYING			21c. HOW INJURY OCCURR		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR				
	OR CONTRIBUTING		THI .	.M. MONTH D .M.	AY YEAR						
MEDICAL	21d INJURY OCCUR		21s. PLACE	OF INJURY		211. LOCATION	CITY OR TO	ath!	COUNTY	STATE	
2	WHILE NOT W	THILE D	E AT HOME, STREET, FACTORY, OFFIC		E, FARM, ETC.)		CITYORIOWN		COONITY		
	22a.1 certify that X	that N) (this haspital) attended the deceased from JU				15 19 83	, 10	. 19	33	that (It (we) last	
	saw the decease	saw the deceased alive an July 27								causes stated	
	226. SIGNATURE	above, XI) (we) (did) (d)X XX view the bady after death. 22b. SIGNATURE							22c. DATE	SIGNED	
	Est. Jany					ATTENDING PHYSICIAN	MEDICAL STAF		7-2	-7-83	
	22d. PHYSICIAN'S N	AME (ME O				220. ADDRESS ST.	105EPH 1+6	SMITHE			
	EDUAR	DO	P. L	AyU6		762	o York R	D. 151	HII	4021204	
23a l	BURIAL, CREMATION	, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		DUNKY -	nstates	
	Buriza	11	7/29	/83 D	ulane	y Valley Cem			alto.	Md.	
24. FI	MERCY DIRECTOR	441	mmy			25a. DA	TE REC'D BY REGISTRAR	256 TO STRAF	'S SIGNA	TURE	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funer should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed within 1 with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar remaval. MPORTANT: If hem 21 is marked at hem 18 shaws any injury, at ather traumatic event, the medical examiner must be patified

J. E. Lowell Lemmon, 10 W. Padonia Rd.

10[28 1983]

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	9-12				A Toronto C	
				J. J. Jan		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling in by the financial inertor, page should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filling within 72 hours after deal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 7 8 6 CERTIFICATE OF DEATH REG. NO.							
	E OR PRINT)	1111	Russell	SCHM		JULY 23		3 1	1:12A,	
3. SEX +		4. RACE	4. RACE 5. DATE C			6. AGE (IN YEARS LAST OF	YRS.			
	ERTHPLACE (STATE OR FOR COUNTRY) Balto Md	EIGN 76. CITIZEN C	76. CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOW		D NEVER MARRIED DIVORCED	BALTIMORE COUNTY OF DEAT			MD	
10. CI	Rossville	(IFMOT IN S	OF HOSPITAL, NURSIN SUCH FICHTY, GIVE STREET NEW JOYNA	ADDRESS)	spital	120. USUAL OCCUPATION 12b. KIND C				
13a. S		Balto	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE A INTY 131. CITY OR TOWN		134 INSIDE CITY LIMITS?		ADDRESS		Notor Tours -21206	
	- 1	oher Schmid			15. MOTHER'S MAIDEN NAME FIRST Clara F. Schwarz			LAST		
16a V	WAS DECEASED EVER IN YES OR UNKNOWN)	U.S. ARMED FORCES (IF YES, DIVE WAR OR DATES)			Mabel (. Sc	e Ave21206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, v gove rise to imme- couse (o), stating underlying couse	diote	OR AS A CONSEOU	ENCE OF	SCLEROTIC CAR	DIO VASCOL	DISEASE			
	DART O OTHER CICAUS	ICANIT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NICT BELATED TO THE TERM	INIAL DISEASE OR COL	IDITION GIVEN			
IFICATION	PART 2. OTHER SIGNIF		CONTRIBUTING TO		NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, W	VERE FINDINGS	DEATH?	
CAL CERTIFICATION		ON 196 CON		OPERATIO		20a AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	VERE FINDINGS		
MEDICAL CERTIFICATION	190. DATE OF OPERATIO	DN 19b CON REVING 121b. TIME HOUR LEXAMINER) D 21b. PLAC (AT HOME	NDITION FOR WHICH	AY YEAR	N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	ZOB. IF YES, WIN CERTIFYIN YES [URY IN ITEM 18 PART	VERE FINDINGS NG CAUSES OF NO PART 2) COUNTY	DEATH?	
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTHY MEDICAL 21d. INJURY OCCURRE! WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (1)	DN 19b CON REVING 1 21b. TIME USE OF DEATH LEXAMINER) D 21e. PLAC (AT NOME.)	E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE, the decreosed from	AY YEAR 19 FARM, ETC.)	IN WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO CITYOR TO JULY 23	20b IF YES, WIN CERTIFYIN YES [UNY IN ITEM IB PART	VERE FINDINGS NG CAUSES OF NO 1 OR PART 2)	STATE	
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTHY MEDICAL 21d. INJURY OCCURRE WHILE AT WORK AT WORK 22a. Legrify that (1) (1)	ILYING 21b. TIME HOUR LEXAMINER) D 21e. PLAC (AT HOME H) his hospital) attended alimn on 11 Y	E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE, the decreosed from	AY YEAR 19 FARM, ETC.)	211. LOCATION STREET 23 , 1983	200 AUTOPSY? YES NO CITY OR 1 CITY OR 1 to JULY 23 death occurred on the o	20b IF YES, WIN CERTIFYIN YES [URY IN ITEM IB PART OWN 19. AFF	VERE FINDINGS NG CAUSES OF NO 1 OR PART 2)	STATE * (**(we) losses stoted	

23a. BURIAL, CREMATION, REMOVAL 236. DATE 731. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial 24 FUNERAL DIRECTOR Road-21206

JUL 25 198?

Road-21206

JUL 25 198?

Road-21206 Miller Inc-6415 Belair Road-21206

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man Mason H. APPER TRAINING TO THE PROPERTY OF THE PROPERTY associal formalists arose penistral perferring Summarine. Sparce Brown ישנה לסויפה שב שב ביו ביו from the second 3/2-07-17 To safel (Saladid - 451/ Mage the - 1/30 in the cooler several and assets of the region of the state of the

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the made into increment must be notified at auto-TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illied in by the fushould be detacked for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NO.				- 100

		REGISTRAR			CERTIF	ICATE OF DEATH	9	REG. N	0.	0 1		
1		CEASED NAME FIRST	MIDDLE LAST			AST	20. DATE OF DEATH W			MONTH DAY YEAR 26 1		
	(TYPE	01i	ver	H	SCH	10TT		Jul	ly 31,	1983	9:05P _M	
	3. SE)	X	4 RACE	1 /	5 DATE C		6.	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
	7 00	7//	V		L	1/4/03	- 1	17	YRS	OC DEATH		
12		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.	SA	WIDOWE		7 1	Baltimorecity o Baltimore	_		MD.	
1		ROSS VILLE	(IF NOT IN SUC	ANKLIN	ADDRESS)	SP.		B. USUAL OCCUPATI TYPE OF WORK FOR MOST C		E) INDUSTRY	EEL	
5		AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		13c. CITY OR TOW		134. INSIDE CITY LIMITS	5? 130	STREET ADDRESS	ORRI	212 PINE	AUE	
30	14. FA	HENRY	MIDDLE A.	LBERT	-	15. MOTHER'S MAIDEN	NAME	WIDDLE		O AC	10	
1		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GF	MED FORCES?	166 SOCIAL SECU	7830	LOLA	KIL	LIAN	247	7 CRV	ILLE RO	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	DUE TO, OF	line for (0), (b), one Presumed RAS A CONSEQUE RAS A CONSEQUE	Seps:	is, Intravas	scul	ar Coagula	ation	APPROXI BETWEEN (MATE INTERVAL DASET AND DEATH	
2	IFICATION	PART 2 OTHER SIGNIFICANT Chronic Renal	Insuffi	ciercy, C	hroni	NOT RELATED TO THE T C Obstructi N WAS PERFORMED	ive l	Lung Disease or con 200 autopsy? YES NOVE	20b. IF YES	VEN IN PART 110 5, WERE FINDIN FYING CAUSES	NGS USED	
7	MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOTIFY ORK AT WORK	ATH HOUR A./ R) P./ 21e PLACE C	M. MONTH DA	19	211. HOW INJURY OC	-		RY IN ITEM 18 P		STATE	
		220.1 certify that (X (this hospital) attended the deceased from July 29, 1983, to July 31, 1983 sow the deceased of warpy July 31, 1983, and that in Any) (our) opinion death occurred on the date and hour and from above AA (we) (did (an Ant)) was the body after death).							22t. DATE	SIGNED		
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		23c. N	ARD	EMETERY OR CREMATO	ORY	234 LOCATION CITY OF TOWN	76.	county	STATE	
	24 FU	UNERAL DIRECTOR NAME J. L. CON	VELL	ADDRESS ADDRESS	001	MACE 250	AUG	3 983 PAR	Ja	gela	bully	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

